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ABSTRACT

This guide to mainstreaming preschoolers with learning disabilities is one of a series of eight manuals on mainstreaming preschoolers developed by Project Head Start. The guide is addressed to parents, teachers and other professionals and paraprofessionals. Chapter I presents information on the meaning, benefits and implementation of mainstreaming. The role of the teacher in mainstreaming is discussed, and sources of assistance with a handicapped child are listed. Chapter II looks at definitions of learning disabilities and describes the behavioral characteristics of various learning disabilities. An observation checklist and general guidelines for recognizing problems for referral are included. Chapter III briefly describes development in learning disabled and non-handicapped children and discusses some of the observable behaviors exhibited by learning disabled children in six skill areas: motor, visual, auditory, communicative, cognitive, and social skills. Chapter IV focuses on planning, arranging classsrooms and teaching mainstreamed learning disabled children. Chapter V describes how parents and teachers can work together while Chapters VI and VII provide information on professional sources of help. Notes on screening and diagnosis are appended. (CM)

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Mainstreaming Preschoolers:

Children with Learning Disabilities

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Head Start Bureau

Special Message to Parents

This book is meant to help parents as well as teachers understand mainstreaming and learning disabilities. Chapter 5 describes specific ways in which parents can help their learning disabled child. But parents will find the other chapters useful in learning more about development in learning disabled youngsters, techniques and activities to promote learning, how Head Start functions in serving handicapped children, and what resources outside of Head Start are available to help fill their child's special needs.

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Mainstreaming Preschoolers:

Children with Learning Disabilities

A Guide for Teachers, Parents, and Others Who Work with Learning Disabled Preschoolers

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Preface

Project Head Start was initially conceived and launched as a national program of comprehensive developmental services for preschool children from low-income families. The early design also indicated that the comprehensive program should be tai'ored to the needs of the individual community and of the individual child.

The Head Start Program Performance Standards require local programs to develop an educational plan that provides procedures for ongoing observation, recording, and evaluation of each child's growth and development for the purpose of planning activities to suit individual needs. The Performance Standards also require that classroom materials and activities reflect the cultural background of the children. Thus, individualization has always been a major thrust of the Head Start program.

The Congressional mandate to assure that not less than 10 percent of enrollment opportunities in Head Start be available for handicapped children presented special opportunities and challenges to Head Start programs to further their efforts in the individualization of services. Head Start classes are small, making it possible for teachers, working with a professional diagnostic team, to design a program to meet the special needs and capabilities of each child.

Mainstreaming handicapped children into classrooms with non-handicapped children has become a major activity for Head Start. However, teachers and other staff are continually asking for assistance in mainstreaming a child with a specific handicapping condition. This series of eight manuals, **Mainstreaming Preschoolers**, was prepared by ACYF to help meet this need.

The series was developed through extensive collaboration with many persons and organizations. Under contract with Contract Research Corporation, teams of national experts and Head Start teachers came together to develop each of the manuals. At the same time, the major national professional and voluntary associations concerned with handicapped children were asked to critique the materials during their various stages of development. Their response was enthusiastic. Various federal agencies concerned with handicapped persons — the Bureau of Education for the Handicapped, the President's Committee on Mental Retardation, the Office of Developmental Disabilities, the National Institute of Mental Health, the Office of Handicapped Individuals, National Institute of Child Health and Human Development/National Institute of Health, and Medicaid/Early and Periodic Screening, Diagnosis, and Treatment — also enthusiastically reviewed the materials as they were being developed. Finally, drafts of each of the manuals were reviewed by teachers, paraprofessionals, parents, social service and health personnel, and various other specialists in Head Start programs across the country.

It is hoped that this series will be helpful to the variety of people beyond the Head Start community — in public schools, day care centers, nursery schools, and other child care programs — who are involved in providing educational opportunities and learning experiences to handicapped children during the preschool years.

Blandina Cardenas, Ed.D.
Commissioner
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Children, Youth and Families

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2 Introduction

The Purpose of This Book

This book was written for teachers, parents, and others, such as diagnosticians and therapists, who work directly with learning disabled preschoolers. It provides some good ideas for helping these children learn and feel good about themselves, and tries to answer many questions, including:

What is mainstreaming?

What are learning disabilities?

How do learning disabilities affect learning in three- to five-year-olds?

How can you design an individualized program for a learning disabled child?

What activities are especially useful for children with learning disabilities?

How can parents help their learning disabled child?

Where can you go to seek help — people, places, and information?

The information in this book is also useful for working with all preschool children, non-handicapped as well as handicapped.

The Organization of This Book

This is one of a series of eight books on children with handicaps, written for Head Start, day care, nursery school and other preschool staff, and parents of children with special needs. Each book is concerned with one handicapping condition. The other seven books address:

- **emotional disturbance**
- **health impairments**
- **hearing impairment**
- **mental retardation**
- **physical (orthopedic) handicaps**
- **speech and language impairments (communication disorders)**
- **visual handicaps.**

There are certain guidelines that are similar in working with all kinds of handicapped preschoolers. These guidelines should be useful to teachers and parents who are directly involved with children with special needs. They are described in the chapters "What Is Mainstreaming?" "Parents and Teachers as Partners," "Where to Find Help in Your Area," and the sections on planning, the physical setting, and general teaching guidelines in the chapter "Mainstreaming Children with Learning Disabilities." While these chapters (or sections of chapters) are largely the same in most of the books in this series, the examples and suggestions provided in each book are specific, and will help you apply the general information to a child with a particular handicap.

A Word on Words

In this book the terms **handicapped children** and **children with special needs** mean the same thing.

Chapter 1:

What Is Mainstreaming?

1

Working and playing in a mainstream environment can help both handicapped and non-handicapped children learn and grow together.

4 What Does Mainstreaming Mean?

"Mainstreaming" means helping people with handicaps live, learn, and work in everyday settings where they will have the greatest opportunity to become as independent as possible. In Head Start programs, mainstreaming is defined as the integration of handicapped children and non-handicapped children in the same classroom. It gives handicapped children the chance to join in the "mainstream of life" by including them in a regular preschool experience, and gives non-handicapped children the opportunity to learn and grow by experiencing the strengths and weaknesses of their handicapped friends.

However, mainstreaming does not simply involve enrolling handicapped children in a program with non-handicapped children. Definite steps must be taken to ensure that handicapped children participate actively and fully in classroom activities. As a Head Start teacher, it is your role to take these steps.

Mainstreaming is not new to Head Start. Since its beginning, Head Start programs have included handicapped children in classrooms with non-handicapped children. The Economic Opportunity Amendments of 1972 (Public Law 92-424) required that ten percent of the Head Start enrollment in the nation be handicapped children. Two years later, the Headstart Economic Opportunity, and Community Partnership Act of 1974 required that, by fiscal year 1976, not less than ten percent of the total number of enrollment opportunities in Head Start programs in each state be available to handicapped children. And most recently, Public Law 94-142, the Education for All Handicapped Children Act, has mandated that the public schools provide "free, appropriate education" in the "least restrictive setting" for handicapped children from 3 to 21 years of age. Thus, mainstreaming has become an important and well-accepted approach in the education of young handicapped children.

It is the function of Head Start programs to:

> **serve handicapped children in an integrated setting or mainstream environment with other children; provide for the special needs of the handicapped child; and work closely with other agencies and organizations serving handicapped children in order to identify handicapped children and provide the full range of services necessary to meet the child's developmental needs.**
>
> **(Head Start Transmittal Notice 75.11 — 9/11/75.)**

Research has shown over and over that the early years of life are critical for learning and growth. It is during this time that children's cognitive, communicative, social, and emotional development can be most influenced. If special needs are recognized and met during these years, handicapped children will have a much better chance of becoming competent and independent adults. Handicapped youngsters who are given the opportunity to play with other children in the Head Start classroom learn more about themselves and how to cope with the give and take of everyday life. This is one of the first steps toward developing independence. By participating in regular preschool settings that are able to provide for special needs, with teachers who know how to adapt teaching techniques and activities, children with special needs will truly have a "head start" in achieving their fullest potential.

1

Benefits of Mainstreaming

There are many benefits to mainstreaming — benefits that affect both handicapped and non-handicapped children, as well as their parents and teachers.

Mainstreaming Helps Handicapped Children

Participating in a mainstream classroom as a welcome member of the class teaches self-reliance to children with special needs and helps them master new skills. For some, it may be the first time in their lives that they are expected to do for themselves the things they are capable of doing. Working and playing with other children encourages handicapped children to strive for greater achievements. Working toward greater achievements helps them develop a healthy and positive self-concept.

A mainstream preschool program can be an especially valuable method for discovering undiagnosed handicaps. Some handicaps don't become evident until after a child enters elementary school, and by then much important learning time has been lost. A preschool teacher is able to observe and compare many children of the same age, which makes it easier to spot problems that may signal a handicap. Preschool may therefore be the first chance some children get to receive the services they need. During this time some learning disabilities or potential learning disabilities may be prevented or remedied by early intervention and specific attention to individual children's needs.

Mainstreaming Helps Non-handicapped Children

Mainstreaming can help non-handicapped children, too. They learn to accept and be comfortable with individual differences among people. Studies have shown that children's attitudes toward handicapped children can become more positive when they have the opportunity to play together regularly. They learn that handicapped children, just like themselves, can do some things better than others. In a mainstream classroom, they have the opportunity to make friends with many different individuals.

Mainstreaming Helps Parents

Mainstreaming is also good for the parents of children with special needs. With you, the other members of the staff, and specialists sharing the responsibility for teaching a child, the parents come to feel less isolated. They can learn new ways to help their own child. As they watch their child progress and interact with non-handicapped children, parents are helped to think about the child more realistically. They will see that some of the behavior they are concerned about is probably typical of all young children, not just children with handicaps. In these ways, parents come to feel better about their children and themselves.

Mainstreaming Helps Teachers

Mainstreaming also has advantages for you. You have the chance to make a significant impact on a handicapped child. The techniques you develop for working with a child with special needs are just as useful with non-handicapped children who have minor weaknesses in the same areas. In fact, many of the most effective teaching techniques known were first developed for handicapped children. Individualizing your program based on children's specific needs is a basic educational technique that has positive benefits for all children. Finally, working with handicapped children is a chance to broaden both your teaching and personal experience.

6 How Is Mainstreaming Carried Out?

Mainstreaming can be carried out in a variety of ways. How you decide to mainstream a particular child with a handicap will depend upon the child's strengths, weaknesses, and needs, and will also depend upon the parents, the staff and resources within your program, and the resources within your community. As you know, every child is an individual with different needs and abilities. This is just as true for children with handicaps: they display a broad range of behavior and abilities.

Some children with special needs may thrive in a full-day program with non-handicapped children. Others will do best in a mainstream environment for only part of the time, attending special classes or other programs for the rest of the day. For still others, mainstreaming may not be the most helpful approach. With few exceptions, children with learning disabilities should be in full-time preschool programs with non-handicapped children. The principle to follow is that children with handicaps should be placed in the "least restrictive environment." This means that the preschool experiences of handicapped children should be as close as possible to those of non-handicapped children, while still meeting the special needs created by their handicaps.

Mainstreaming involves the efforts of many people working as a team — teachers, the child's parents, Head Start staff (in health, education, parent involvement, and social and handicap services), other specialists providing consultant services on a full- or part-time basis, agencies serving handicapped children, and the public schools in the community. The identification, development, and coordination of this team effort is both a challenge and a critical requirement in meeting the needs of a handicapped child.

As you and your program staff get to know each child, and as you work with the child's parents and specialists in your community's agencies and public schools, you will be able to decide what is best for each child. This book describes *how* mainstreaming can be carried out by the parent/Head Start/specialist team in order to provide the best program for both handicapped and non-handicapped children.

This book also discusses the various behavioral and skill characteristics of children with learning disabilities and describes some of the things these children can do as well as other children and things they may have some trouble doing. Specific activities and teaching techniques are given primarily for use with learning disabled children.

1

What Is Your Role in Mainstreaming?

This book approaches mainstreaming from the standpoint of child development. It emphasizes the importance of seeing handicapped children first and foremost as children, with the same needs all children have for love, acceptance, exploration, and a sense of competence. By understanding how all children develop and learn you can better understand the effects of a particular handicapping condition. For example, knowing the importance of visual information will help you understand the effects of a visual-motor problem such as the integration of visual and motor skills, which is important in drawing shapes with a crayon. You can then use this knowledge to plan appropriate activities for building on the child's strengths and working on his or her weaknesses.

The teaching techniques and activities provided in this book are designed to help develop skills in particular areas of development — motor, social, cognitive, language and speech, and self-help — and can be used with any child or group of children in your classroom, whether they are handicapped or non-handicapped.

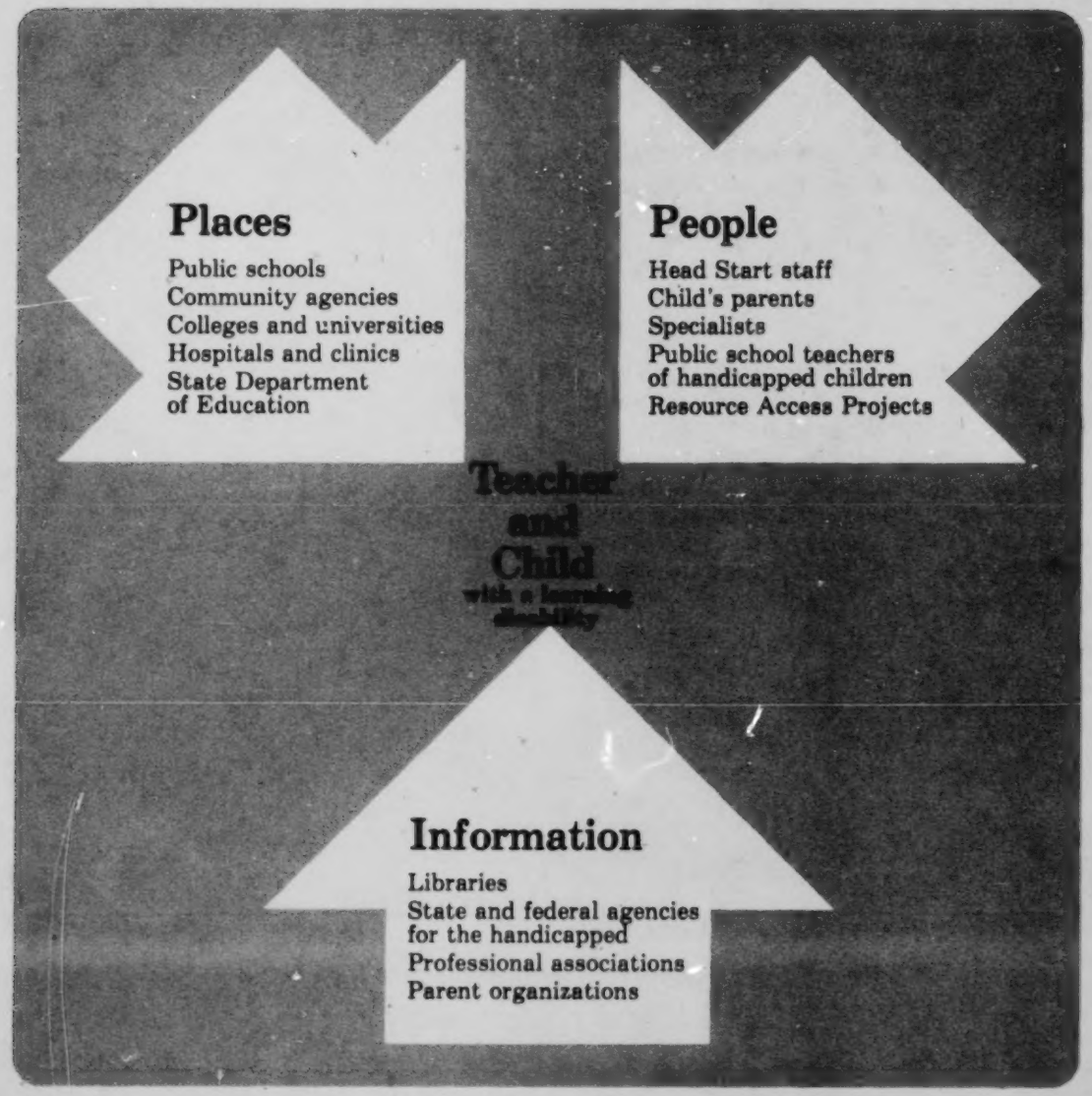
As a teacher, your role in mainstreaming includes:

- **developing and putting into effect an individualized program that meets the needs of each child in the classroom, including the special needs of a child with a handicapping condition**
- **working together with the parents of a handicapped child so that learning situations that occur in your classroom are reinforced by the parents at home**
- **finding out, through your handicap coordinator or social services coordinator, what special services a handicapped child is receiving and how you can get a specialist to help you in your classroom teaching**
- **arranging referrals through your handicap coordinator or social services coordinator for diagnostic evaluation if you feel a child has a problem that has not been clearly identified.**

In carrying out this role, there are many resources that can be tapped to assist you. Later in the book they will be described in more detail, but they are summarized on the following chart.

8 Where to Go for Help

There are many resources you can tap for help with a handicapped child. Take advantage of these resources by actively seeking them out. For detailed information on Head Start and other resources in your area, see Chapter 6. For detailed information on national professional and parent associations and agencies, see Chapter 7.



Chapter 2:

What Are Learning Disabilities? 2

Children with learning disabilities are more like non-handicapped children than they are different from them.

10 ***Children with learning disabilities aren't so very different from non-handicapped children. They cannot be identified by their appearance, for their difficulties are not obvious to the casual observer. In many respects, they also act like non-handicapped children. Like all of the preschoolers you know, they can do some things better than others, are sometimes happy, sometimes sad, and need your support to learn and grow.***

"Learning disabilities" is a term used to cover a variety of problems. Until fairly recently, the diagnostic terms that were used to describe these problems were derived from medical language. This meant that a child with a specific learning disability might be said to have, for example, minimal brain dysfunction, perceptual disturbances, minimal cerebral dysfunction, or minimal neurological dysfunction. One researcher found that over 60 different terms had been assigned to the same problem! Over the past several years, the terms* learning disability *and* specific learning disability *have come into widespread use, and are used interchangeably. Many doctors, however, still use the term* minimal brain dysfunction (MBD) *to describe learning disability.

This chapter looks at how learning disabilities are defined and explains the meanings of words that you are likely to see in diagnostic reports. It also describes various learning disabilities, including their behavioral characteristics. Before considering definitions and descriptions, however, two important points must be made.

Preschoolers Are Still Developing

The primary method of identifying learning disabilities in children is to compare their development in basic skill areas with average developmental patterns for the same age group. At the preschool age, children still have much development ahead of them. Preschoolers may demonstrate differences or lags in development that represent extremes *within the normal range* of variations. It is inappropriate to call such variations disabilities. For this reason, some experts find it inaccurate to diagnose a child as learning disabled during the preschool years. Preschoolers who demonstrate differences in development should be provided with learning experiences that are designed to meet their individual needs and to help them in their developmental tasks. Otherwise such children may be handicapped more by inappropriate teaching and programming than by their developmental "variations." They may continue to have difficulty learning certain tasks if their learning experiences do not promote their development.

Descriptions and Classifications Have Different Uses

It is usually more helpful to describe what children with learning problems are like rather than to classify them. This is partly because different diagnosticians use different definitions of learning disabilities, and follow different theories in labeling problems. This means that three children for whom you have the *same* diagnostic information could be classified or categorized in three *different* ways, depending on the diagnostician or diagnostic team. On the other hand, just because two children are both diagnosed as learning disabled doesn't mean that they will behave in the same way. The only way to understand a child's problem is to consider what he or she currently can and cannot do.

Classifying can, however, serve several purposes. Current special education laws require that a diagnostic category be assigned to each handicapped child, in order to provide that child with special education services and to receive necessary state and federal reimbursement. So, for that purpose, categories are *required*. Also, when there is a need for common understanding, as in this chapter, categories can be a useful shortcut. You will want to be familiar with certain terms and categories that may appear in medical reports. They may guide you in asking further questions about a child's strengths and weaknesses.

Learning Disabled Preschoolers

The "Head Start" Definition

In defining handicapping conditions, Project Head Start distinguishes between **categorical** definitions, which are used for reporting purposes, and **functional** definitions, which describe a child's areas of strength and weakness. The categorical definition uses Project Head Start's legislated diagnostic criteria. An interdisciplinary diagnostic team (or a professional who is qualified to diagnose the specific handicap) must use this definition to make a categorical diagnosis of a child. This diagnosis is used only for reporting purposes. A functional definition or diagnosis, on the other hand, assesses a child's strengths and weaknesses and identifies areas that call for special education and related services. The functional assessment should be developed by a diagnostic team, with the child's parents and teacher as active participants. Another term for functional assessment or functional diagnosis is **developmental profile.**

According to Project Head Start, the following categorical definition of specific learning disabilities is to be used for *reporting purposes* in Head Start programs:

> **Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury,**

minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or environmental, cultural, or economic disadvantage. For preschool children, precursor functions to understanding and using language, spoken or written, and computational or reasoning abilities are included.

("Transmittal Notice Announcement of Diagnostic Criteria for Reporting Handicapped Children in Head Start," OCD-HS, September 11, 1975)

The following section may clarify this definition.

The Diagnostic Criteria

Learning disabled children seem to have unusual difficulty understanding or using spoken or written language. These children may seem to have problems in listening, speaking, or thinking, and later in learning to read, write, spell, or do arithmetic. For example, they may have immature spoken language and show difficulty in learning and remembering printed words, difficulty in finding the right word when speaking, and/or confusion about directions in time and space. The most significant problems of preschool-aged children with learning disabilities are related to the acquisition and use of language. You may also see children who show difficulty in understanding number concepts and color concepts, and children who have problems with tasks such as matching shapes and forms.

Perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia are medical and psychological terms that are used by some persons to refer to learning disabled children. They refer essentially to problems in coordination, language, attention, and perception. They do not tell you much about a child's strengths and weaknesses. (See the glossary for definitions of these terms.)

The Head Start definition distinguishes between the learning problems of learning disabled children and the learning problems of other types of handicapped children. Many children have learning problems as a result of *other* disabilities, such as limited vision or hearing, problems with motor coordination or control, or mental retardation. These children are not considered "learning disabled." Professionals should make sure that some other handicap is not causing the problem.

The Head Start definition also indicates that children who have learning problems that are primarily the result of environmental, cultural, or economic disadvantage are not to be considered learning disabled. However, it is often difficult to distinguish these children from children who are truly learning disabled. The problems appear the same to the diagnostician, even though the causes may be quite different, and the causes themselves are difficult to determine. Careful observation and familiarity with a child, his or her family, home environment, and community environment will help you learn more about the learning problem.

The phrase "precursor functions" means learning readiness skills (the basic skills required to learn more complex skills). Learning readiness skills form the basis for later success in reading, writing, and arithmetic. These precursor behaviors are also involved in developing language. Problems in precursor functions may include difficulty telling shapes and colors apart; very poor coordination in coloring, cutting, and pasting activities; difficulty following simple directions; and difficulty counting or understanding concepts such as **more, less,** and **same.**

As discussed above, most definitions of learning disabilities have come to include those children who have serious learning problems that are not the result of any other handicapping condition. Children with learning disabilities may not develop ordinary language skills or normal visual or auditory skills (in spite of normal vision and hearing), and generally may not be able to learn by typical teaching methods. **Although these children have difficulty learning for a variety of reasons, they have one thing in common: extremely uneven abilities in the various developmental areas.** For example, a child may show considerable delay in language skills but average to above-average ability in motor skills. These gaps or discrepancies in ability interfere with a child's learning processes, making one suspect that a child is capable of doing more than what he or she is actually accomplishing. Since almost all activities involve a combination of skills, problems in one skill area may give you the impression of limited abilities overall. For example, a child with an auditory reception problem is unable to understand the meaning of what is said, and may therefore appear obstinate, uncooperative, or retarded.

Experts agree that learning *problems* can be identified in children younger than seven. They disagree, however, over whether these problems can be diagnosed as learning *disabilities* at the preschool age. Many experts feel that since preschoolers have not been exposed to structured learning, their problems may represent a lack of experience or opportunities for acquiring basic skills. Other authorities maintain that it *is* possible to diagnose learning disabilities in children, even at age three or four. Whether the children are diagnosed as learning disabled, what is of prime importance is that they be taught those skills they need to learn.

Behavioral and Skill Characteristics

2

There are two types of characteristics that are important in describing learning disabled children: behavioral characteristics (how a child acts) and skill characteristics (a child's areas of strength and weakness).

Behavioral Characteristics

When children enter your program, you will notice the way they behave before you learn about their specific strengths and weaknesses in each skill area. Let us look at some of the behaviors you may observe in children with learning disabilities. All children may display many of these behaviors from time to time. What characterizes a child with a learning disability is that he or she displays these behaviors frequently and for a longer period of time, and that he or she may persist in these behaviors for many months.

14 The behaviors that are typical of learning disabled children are:

- impulsiveness
- distractibility
- short attention span
- inability to follow directions
- hyperactivity
- hypoactivity
- perseveration
- general awkwardness
- handedness not established
- conflict with other children.

A child with a learning disability probably will not display *all* of these behaviors.

Impulsiveness

Impulsiveness in preschoolers generally results in their acting quickly, without thinking about the consequences of their actions. Poor planning, recklessness, and poor judgment usually characterize impulsive children. Consider the following example.

Sandra seems to act without thinking. Much of her behavior is inappropriate for the time and place. She is not careful about her own safety. Her extreme curiosity often gets her into trouble. Yesterday she knocked over everyone's block structures in her haste to get to a toy that was nearby.

Distractibility

Preschoolers who are called distractible generally have trouble paying attention to the task at hand. Instead, their attention is drawn to many unimportant sights and sounds, and they are unable to *redirect* their attention to the original task. Consider Jonathan.

Jonathan is distracted by sights and/or sounds. He sees and pays attention to every visible thing in the room. He notices every movement. He pays attention to every noise. If another child drops a pencil or a book, he immediately turns to find out what is making the noise. He stops in the middle of a sentence to listen to a truck go by outside. Jonathan's thoughts are often interrupted by a noise or a movement, and he is easily put off track. Once he is put off track, he cannot bring his attention back to the task at hand.

Jonathan cannot stick with his painting activity for more than a minute.

Short Attention Span

Preschoolers who have a short attention span generally cannot concentrate on one task or activity for as long as other children the same age. They may change from one activity to another very often, never seeming to get satisfaction from any of them. They often leave tasks unfinished, and daydream frequently. Judy is a four-year-old with a short attention span.

Sometimes Judy can pay attention to one specific thing for only a matter of seconds. At the most she pays attention for a minute or two. When she tires of one activity she moves on to another, and sometimes covers a great many activities in a short time as different things get her attention.

Inability to Follow Directions

Some learning disabled children cannot listen to a direction and then do what they were told as well as other children their age. They may not understand what was said. On the other hand, some children may have "leaky bucket memories." They understand the direction perfectly well, but forget it almost immediately. Carlos has a leaky bucket memory.

Carlos often seems to forget directions. When he is sent to another room to get something, he may leave and then reappear immediately to ask what was wanted. Carlos sometimes is able to remember short, one-step instructions such as "Get your cup for juice time." However, he cannot carry out a sequence of instructions such as "Get your cup, pour your juice, and sit at the table," unless they are given one at a time.

Hyperactivity

Hyperactive preschoolers generally seem to move around and/or talk much more than other children their age. A hyperactive child is unable to focus his or her attention on any one specific piece of information. The child tends to be like a "walking radar set" — he or she is constantly distracted by all of the sights, sounds, and events in the environment, and unable to block out things that are unimportant. A severely hyperactive child is in constant motion. Some hyperactive children do not stand or sit still for more than a few seconds without twitching or jerking. There is no apparent reason for the constant activity, but something inside is like a motor that can't be turned off. Consider Billy.

Billy does not sit still long enough to complete most tasks, or he will rush through a task without any attention to detail. He seems unable to wait for help, explanations, or directions. He does not focus on the task at hand, evaluate his progress as he goes, or know when his work is completed.

According to Project Head Start diagnostic criteria, children who are hyperactive are to be considered emotionally disturbed for reporting purposes. However, some learning disabled children exhibit hyperactive behaviors.

Hyperactivity is often confused with a high activity level, or what has been more accurately described as "restlessness." A restless child is highly active, but the activity is triggered by events in the child's environment or surroundings. Marsha, for example, can stay with an activity without any restlessness for long periods of time if the classroom is quiet. Billy, on the other hand, can't sit still no matter how quiet his surroundings. He is simply unable to focus his attention on any one specific piece of information (such as the first letter in his name) in a selective way. Misdiagnosis often occurs because of similarity in the behavior of a restless child like Marsha and a hyperactive child like Billy.

16 Hypoactivity

Hypoactivity means underactivity. A hypoactive child often appears sleepy and sluggish and seems to move in slow motion. Consider Michael.

Michael seems listless and bored. He moves through all physical activities (such as walking to group meetings) very slowly. Even doing very simple activities (such as putting his coat in his cubby) is a big effort for him. During music time he will not participate in any of the action songs. He will slump in his seat and seem to stare off into space while everyone else dances happily around.

Perseveration

Perseveration means continuing or repeating an activity over and over. Children who perseverate may start a task and cannot seem to stop themselves. They may frequently ruin their products because they don't know when they have finished. Someone else must interrupt and stop them. Elizabeth is an example of a child who perseverates.

Elizabeth gets very involved in activities that she can do well or is comfortable with. She particularly enjoys water play, and would gladly spend a whole morning pouring water into a bottle, spilling it out, and refilling it. She seems unable to use other materials or to move into other activities without teacher intervention.

Children who perseverate may focus their attention on various colors, sounds, and movements (for example, on a red shirt, running water, or a spinning mobile) for a long time. They have difficulty refocusing their attention elsewhere. They often are unable to change from one activity to another without taking some time to "clear out" thoughts of the last activity. Since perseveration is also common in children with emotional disturbance and mental retardation, it is extremely difficult to know simply from observation whether a child who perseverates is learning disabled.

"Okay, Elizabeth, it's time to stop water play and move on to another activity."

General Awkwardness

Preschoolers with general awkwardness are much clumsier than other children of the same age. They may have difficulty with both gross and fine motor coordination. They may frequently bump into things or people and trip or knock things over. Some of the causes of general awkwardness are discussed in Chapter 3.

Handedness Not Established

By the time preschoolers are five to six years of age one generally knows whether they are right- or left-handed from seeing them use the same hand consistently to eat, draw, and throw a ball. At three or four years of age, a child is sometimes inconsistent in the hand he or she uses, or may use one hand for part of a task and the other for the rest of the task. Such actions indicate that handedness has not yet been established. This child is not ambidextrous (that is, skilled with both hands). Rather, the child is non-dextrous — unskilled with both hands. Phil is a non-dextrous six-year-old.

When Phil walks to the chalkboard, he will draw with his left hand if the chalk is on the left side, and erase with his right hand if the eraser is on the right side. Often he draws half of a figure with his left hand and the other half with his right, switching the pencil or crayon as the drawing progresses from one side to the other. Phil's handedness has not yet been established.

18 ***Conflict with Other Children***

When children frequently display some of the behavioral characteristics described above, they may confuse or irritate the other children in the class. Because of this, some learning disabled children may not get along with other youngsters as well as non-handicapped children of the same age.

Skill Characteristics

Along with the behavioral characteristics discussed above, a child with a learning disability is likely to show problems in one or more of the basic skill areas: self-help, motor, visual, auditory, communicative, cognitive, and social. If a child's skills differ greatly from those of other children the same age, he or she may be learning disabled. The chart of normal development on page 126 lists the age at which each milestone is reached, on the average, in each of these skill areas. The skills and problems learning disabled children may demonstrate are discussed in greater detail in Chapter 3.

Recognizing Problems for Referral

Children with learning problems may not be diagnosed as learning disabled before they are enrolled in your Head Start program. Diagnosis, first and foremost, is needed to point out the extra help and services these children need. It is the responsibility of professional diagnosticians, not of the Head Start staff, to determine whether a child is handicapped. However, you may be the first person in the life of a child who can alert other professionals to learning problems, so that services for that child's special needs can begin. You should share your concerns about a child with others — parents, other professionals, and specialists — while being careful not to make "instant diagnoses" yourself. You can make important contributions to the diagnostic process by sharing your observations about a child with the specialist who has been asked to consult with the staff. You should make observation of children's performance a part of your *everyday classroom responsibilities.*

General Guidelines

Learn to Observe Carefully

Your own classroom observations, plus conversations with parents about their children, can be the best foundation for deciding whether there is a need to refer a particular child to a professional diagnostician. As a classroom teacher, you observe children and draw conclusions every day.

Do you have a child in your class who seems unusually restless and does not pay attention or look directly at you when you speak to him or her? If you study the child, figure out what might help and try moving him or her closer to you, you may notice that the child is less restless and more attentive. If the child's learning behavior does *not* improve, a professional evaluation may be in order.

This process of carefully observing and drawing conclusions helps you plan activities to meet the individual needs of all children. Even though you aren't a professional diagnostician, don't underestimate your ability to observe and to spot serious problem areas that may signal a learning disability.

Ask Questions

Ask yourself some good, basic questions to determine whether a child should be referred for professional evaluation:

Does this child learn very well in some areas but slowly or not at all in one or more specific areas?

Does this child seem quite bright, even though his or her performance is very inconsistent?

If your answer to either or both of these questions is yes, and if the parents agree, referral is in order.

20 Recognize Cultural Differences

It is important to distinguish between children who are different and children who may be learning disabled. Since the children in your classroom come from a variety of backgrounds and child-rearing experiences, it is only logical that they will react to your classroom in a variety of ways. Sometimes children with different ethnic or cultural backgrounds are confused with children with learning disabilities.

For example, Juan's teacher noticed that he was having a lot of trouble asking questions, describing things, and generally saying what he meant. The teacher knew that in Juan's home everyone spoke Spanish. She suspected that he was having the kinds of problems anyone has in learning another language, and that he was probably not learning disabled. She decided to take a good look at his language problems over the next six months. As she predicted, his language problems largely disappeared as his English improved.

To take another example, Sue's mother almost always kept her in a playpen, even though she was much too old for it. This meant that she couldn't practice moving around very much. In addition, Sue had very few things to play with in the playpen. When she came to preschool she was much more awkward and clumsy than the other children. The teacher suspected that Sue had a learning disability and decided to observe her more carefully. As time passed, she noticed that Sue did a lot of exploring and moving about the room, and that her motor skills were improving considerably. The teacher realized that Sue's lack of motor skills had been the result of the lack of experiences in her home environment, rather than of a learning disability.

Juan and Sue were not handicapped. They were simply behaving in ways that made sense from the point of view of their life experiences. Finding out about a child's family and home will help you to identify when diagnosis is called for.

Get Professional Help

From the child's point of view, referral is often better than non-referral. This means that if you think a learning disability might account for the behavior you have observed, it is best to have the child professionally evaluated. If you find out that the child does not have a handicap, no harm has been done. If, on the other hand, a learning disabled child is not diagnosed, the child's special needs will not be met. Referral is also preferred over non-referral for children who have already been diagnosed: as we have seen, children can be incorrectly diagnosed. If a child enters your class already diagnosed as learning disabled, take an especially close look. Have the child re-evaluated if you have any doubts about the diagnosis.

Gradually, Juan got much better at asking questions, describing things, and saying what he meant.

The Observational Checklist*

Children with learning problems generally exhibit certain behaviors that can be observed by you and the child's parents. The checklist of behaviors that follows can alert you to undiagnosed learning problems, and help you know when to refer a child for professional evaluation. This checklist is intended to help you carry out systematic observations, which you can then share with those who are responsible for diagnosing the children in your program.

Using the Checklist

The "red flag." The checklist is only one of several observational devices that you can use to learn more about the children in your program. Its main purpose is to help you to identify needs that have not been identified before. It should be considered *only the first step* in an overall program of systematic observation and assessment of children's performance over time. It acts as a red flag because it can call your attention to behaviors that require much more careful observation and ongoing assessment. It can send you a signal that something *may* be wrong.

Knowing when to refer a child. Some behaviors may require urgent attention while others can wait while you observe them more carefully over time. For instance, if a child complains of an earache (question 30) he or she requires immediate medical attention. It is important to find out whether the earache is a symptom of an infection, because untreated ear infections may result in hearing loss. Similarly, dizziness, feverish forehead, and other possible signs of illness should be referred right away — either to the nurse, if your program has one, or to the child's parents, so that they can take him or her to their family doctor or clinic.

But other behaviors need to be watched carefully *over time.* For example, if your initial observations tell you that Jack really does have two tantrums a day (question 21), then that is the red flag that alerts you to continue, in a systematic way, to observe and assess these tantrums. You need to have time to examine these behaviors to find whether something happening in the classroom is causing them — something that can be changed to reduce or stop the tantrums. If, after all of your efforts to modify and adjust your classroom situation and teaching techniques, you find that Jack's tantrums continue and are highly disruptive to the other children, it is time to seek additional services.

If Tina is not using at least two- and three-word phrases to ask for what she wants (question 1), you need time to find out why. Is Tina not using phrases because she really cannot do so, or because she has simply never needed to use them or been expected to do so? Perhaps she has always gotten what she wanted just by pointing to the object or by saying only one word. She may need some prompting from you, the other adults in the class, and her classmates to get her to use words to ask for what she wants. However, if you try for some time and have no success, Tina should be referred to an appropriate professional or team of professionals for help.

* Pages 21-27 were adapted from materials prepared by the OCD/BEH Collaborative Project with Head Start, Model Preschool Center for Handicapped Children, Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington.

22 You are the best judge of when you have watched *long enough* to decide whether diagnostic services outside the classroom are necessary.

How often should this checklist be used? This observational checklist is a part of the first step in identifying problems and seeking help for them. But observation, like assessment or evaluation, should be a continuous process. This is because behavior is always changing and some behavior changes may signal a problem. In addition, some children have secondary or associated problems that are very slow to develop and hard to detect — but that need to be identified and helped. It is not possible to give a surefire rule or formula for how often to use this observation form. But once you become familiar with the behaviors listed and the questions asked, you will probably find that these questions occur to you naturally as you watch the performance of children in your program. The checklist form should help you to organize the information that you collect.

Using Checklist Results

It is important to remember that any child may exhibit one of the behaviors described under a particular skill area. This does not mean that the child is learning disabled. Learning disabled children will exhibit several of the behaviors described in one or several of the skill areas. There are many different combinations of behaviors that learning disabled children display.

If your answers fall in the grey boxes on a number of observational questions in one or more skill areas, this may indicate potential problems and the need for extra help in those areas.

If you observe the same behaviors frequently in a child, you should concentrate on helping the child acquire skills in the areas you have checked. If your efforts are unsuccessful, and if the specific problems interfere with the child's general success in your program, referral may be necessary. The steps to follow in referral are described on page 28.

Using an observational checklist on a regular basis can help you to learn more about the children in your program.

Child's Name _____ *Birth Date* _____

Date _____ *Teacher's Name* _____

Communicative Skills

	Yes	No	Sometimes
1. Does the child use at least two- and three-word phrases to ask for what he or she wants? (For example, "more juice" or "more juice please.")	☐	■	☐
2. Does the child use complete sentences to tell you what has happened? (For example, "My doggie ran away" versus "doggie gone.")	☐	■	☐
*3. When the child is asked to describe something, does he or she use at least two sentences to talk about it?	☐	■	☐
4. Does the child ask questions? (For example, "Where is Juan?")	☐	■	☐
5. Does the child seem to have difficulty following directions?	■	☐	☐
6. Does the child respond to questions with an appropriate answer?	☐	■	☐
7. Does the child seem to talk too softly or too loudly?	■	☐	☐
8. Are you able to understand the child?	☐	■	☐
9. Does the child have difficulty paying attention to group activities for more than five minutes at a time?	■	☐	☐

* *Question applies if child is four years or older.*

Motor Skills

	Yes	No	Sometimes
10. Does the child stumble often, or appear awkward when he or she moves?	■	☐	☐
11. Does the child seem afraid of or unable to use stairs, climbing equipment, or tricycles?	■	☐	☐
12. When the child walks or runs, does one side of his or her body seem to move differently than the other side? For instance, does the child seem to have better control of the leg and arm on one side than on the other?	■	☐	☐
13. Can the child hop on one foot?	☐	■	☐
*14. Is the child capable of dressing him- or herself except for tying shoes?	☐	■	☐
15. Does the child hold a pencil or a crayon appropriately with the thumb, index, and middle fingers?	☐	■	☐
16. Does the child continually switch a crayon from one hand to the other when coloring?	■	☐	☐
17. Do the child's hands appear clumsy or shaky when he or she is using them?	■	☐	☐
18. When the child is coloring with a crayon, does the hand that he or she is *not* using appear tense? (For example, clenched into a fist.)	■	☐	☐
19. Can the child color inside a circumscribed area with any accuracy?	☐	■	☐
20. Can the child cut with a pair of scissors?	☐	■	☐

* *Question applies if child is four years or older.*

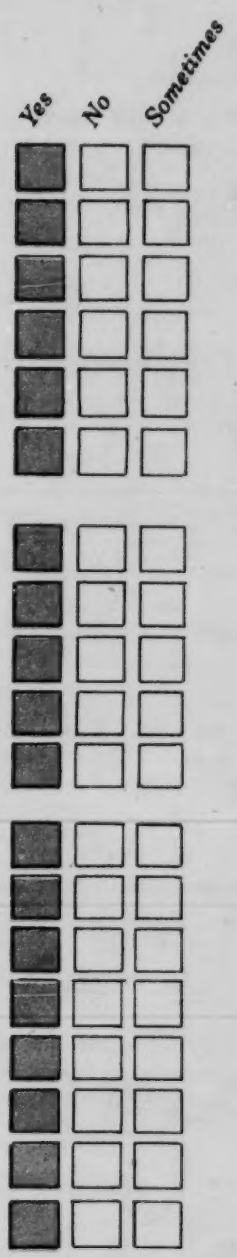
Social Skills

	Yes	No	Sometimes
21. Does the child engage in at least two disruptive behaviors a day? (For example, tantrums, fighting, screaming.)	☐	☐	☐
22. Does the child appear withdrawn from the outside world? (For example, fiddling with pieces of string, staring into space, rocking his or her body, banging his or her head, talking to him- or herself.)	☐	☐	☐
23. Does the child appear extremely shy in group activities? (For example, does the child avoid volunteering answers or answering direct questions, even when you think he or she knows the answers?)	☐	☐	☐
24. Does the child play alone and seldom talk to the other children?	☐	☐	☐
25. Does the child spend most of the time trying to get attention from the adults?	☐	☐	☐
26. Does the child have toileting problems (wet or soiled) at least once a week?	☐	☐	☐

Vision or Hearing Skills

	Yes	No	Sometimes
27. Do the child's eye movements appear jerky or uncoordinated?	■	□	□
28. Does the child seem to have difficulty seeing objects?	■	□	□
. . .tilt his or her head to look at things?	■	□	□
. . .hold objects close to his or her eyes?	■	□	□
. . .squint?	■	□	□
. . .show sensitivity to bright lights?	■	□	□
. . .have uncontrolled eye-rolling?	■	□	□
. . .complain that his or her eyes hurt?	■	□	□
. . .bump into things constantly?	■	□	□
29. Does the child appear awkward in tasks requiring eye-hand coordination? (For example, pegs, puzzles, coloring.)	■	□	□
30. Does the child seem to have difficulty hearing?	■	□	□
. . .consistently favor one ear by turning the same side of his or her head in the direction of the sound?	■	□	□
. . .ignore, confuse, or not follow directions?	■	□	□
. . .rub or pull on his or her ear frequently, or complain of earache?	■	□	□
. . .complain of head noises or dizziness?	■	□	□
. . .have a high, low, or monotonous tone of voice?	■	□	□
. . .respond to your voice when he or she is not looking at you?	□	■	□
. . .ask "what?" excessively?	■	□	□
. . .have speech that is very difficult for you to understand?	■	□	□

General Health



31. Does the child seem to have an excessive number of colds?
32. Does the child have frequent absences because of illness?
33. Do the child's eyes water?
34. Does the child have a discharge from his or her eyes?

    . . .his or her ears?

35. Does the child have periods of unusual movements (such as rapid eye blinking) or "blank spells" that seem to appear and disappear without relationship to the social situation?
36. Does the child have hives or rashes?

    Does the child wheeze?
37. Does the child have a persistent cough?
38. Is the child excessively thirsty?

    . . .ravenously hungry?
39. Have you noticed any of the following conditions?

    . . .constant fatigue

    . . .irritability

    . . .restlessness

    . . .tenseness

    . . .feverish cheeks or forehead.
40. Is the child overweight?
41. Is the child physically or mentally sluggish?
42. Has the child lost weight without being on a diet?

28

Steps to Take

If you suspect that a child in your class has an undiagnosed learning disability, take the following steps.

1. Find out if the standard screening tests have been given. Talk to the handicap coordinator, the person responsible for coordinating health services, or someone else in your program who you think could be helpful.

2. If the child has been screened, no problems have been found, and you are still concerned about the child, speak to the handicap coordinator, health coordinator, or social services director. The parents will have to give their permission for further testing. Explain the professional diagnostic process and the reasons for it to the parents.

3. While waiting for a professional diagnosis, talk with the parents about what they notice to help you work more effectively with the child. Continue to observe and keep notes to help you plan suitable activities:

- Watch the child to see what he or she can do well. Use these skills as "bridges" to learning new skills or improving skills that are weak.
- Remember that auditory learners pay attention to oral instructions, visual learners like pictures, and tactile learners like manipulatives (pegs and pegboards, blocks, beads and string, and so on) and other toys.
- If a child picks a specific activity and performs it over and over *with pleasure*, do not stop him or her. Rather than perseverating, the child may be repeating the activity out of enjoyment and the desire for mastery.
- If a child rejects certain activities, try organizing them differently until you find a format that the child is comfortable with.
- Isolate a few specific things that seem *most* important for the child to learn immediately, and concentrate on teaching those.
- If a child's major problem seems to be a short attention span or extreme restlessness, he or she may do best with very specific, structured motor activities, especially gross motor activities.

Chapter 4 discusses guidelines and ways of conducting activities for children. Use them if they seem appropriate and if you find they work.

4. Find out the results of additional tests so that you can determine whether your individualized program for the child needs to be changed. Discuss with the parents the results of the tests and any suggested changes in the services the child is receiving.

How Learning Disabilities Affect Learning in 3- to 5-Year-Olds

3

Children who have learning disabilities, like non-handicapped children, vary greatly in their rate of development.

30 ***Following a brief discussion of development in children, this chapter takes a look at how children learn. It goes on to discuss some of the observable behaviors that learning disabled children may exhibit in six skill areas: motor, visual, auditory, communicative, cognitive, and social skills.***

Development in Learning Disabled and Non-handicapped Children

Children who have learning disabilities are in many ways like non-handicapped children. They go through the same stages of development, are all individuals, and vary greatly in their rate of development.

Although much is known about the milestones in child development, it is still not possible to predict exactly when young children will say their first words or take their first steps. It is known, however, that most children reach a given milestone of development within a few months of each other. For example, Judy learned to pull herself up and stand unaided when she was eight months old. Her younger brother, Barry, did not stand unaided until he was twelve months old. But both of these children are developing normally.

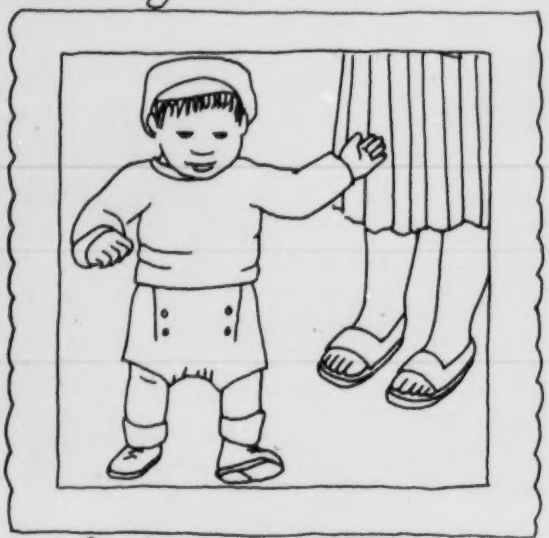
To a great extent, development is ordered, meaning that some things have to be learned before others, such as walking before running. But development doesn't always occur in exactly the same order for every child, and children seldom progress evenly in all areas. For example, a child may be performing at age level in gross motor skills, but he or she may show some delays in speech and language development.

3

How Do Children Learn?

Generally, learning disabled children will follow the developmental patterns shown on the chart of normal development (page 126). But occasionally, just like other children, they may skip stages, be slow to pick up some skills, and pick up some skills earlier than expected. It is only when a child is behind in many areas, or when a child is at age level in some areas but far behind in others, that he or she needs some special help.

Judy - 8 months



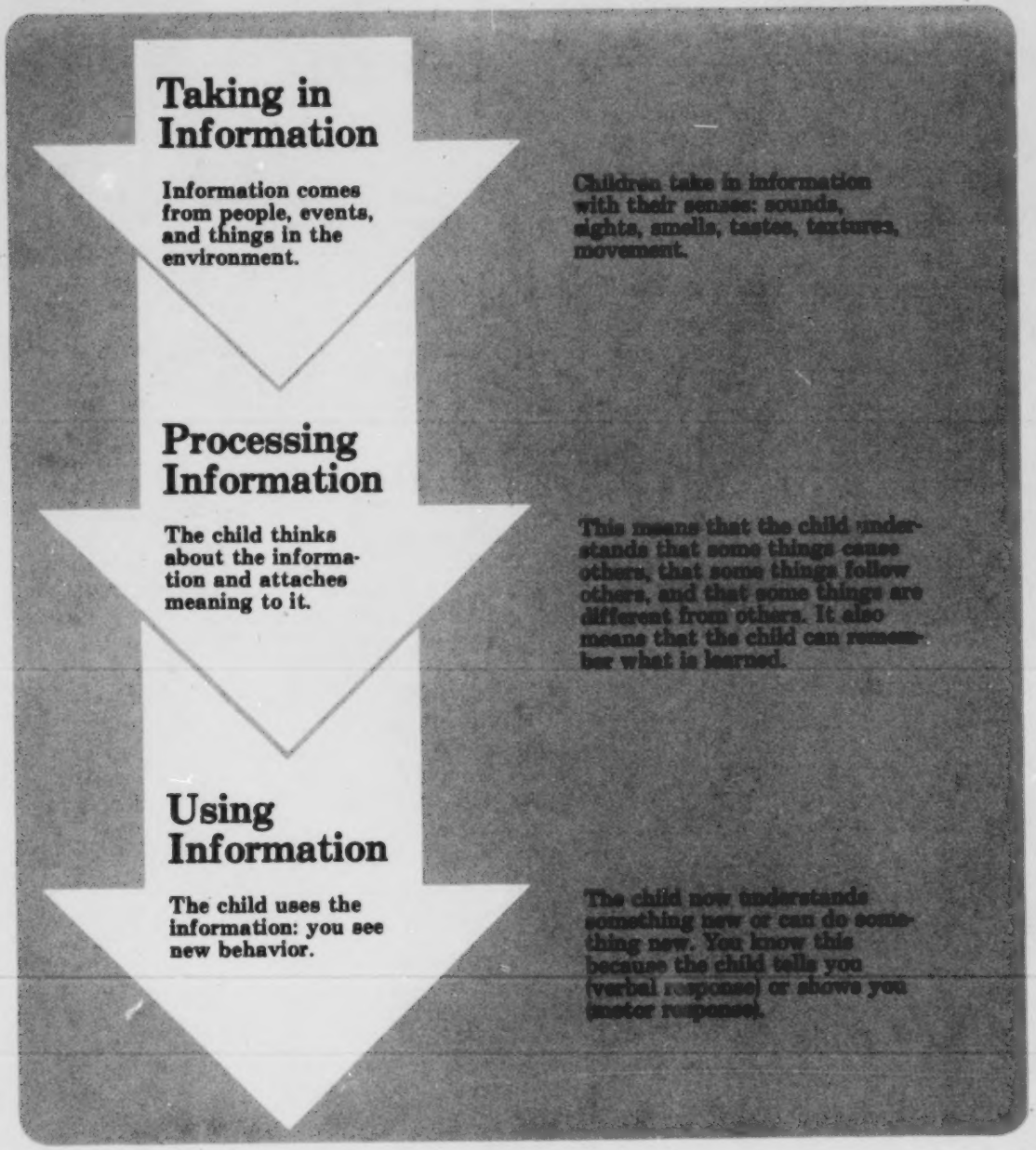
Barry - 12 months

Even though there was a four-month difference between the ages at which Judy and Barry learned to stand unaided, both are developing normally.

Understanding the learning process can be extremely useful. If a child is having trouble learning, you can try to determine which part of the process is causing difficulty, and work out a specific remedy.

Learning can be thought of as a process that enables children to know and do things they didn't know and couldn't do before. For this to happen, children take in information from their environment — or, more exactly, from people, things, and events in their environment. Next, children organize this information in their minds, which makes it usable. They may match the information with something they have learned before; they may notice similarities or differences between the new information and previously learned information; they may store the information (memorize it) so that they can use it again. Last, they behave in a way that indicates that learning has taken place.

32 The following chart may help you to understand this learning process:


Taking in Information
Information comes from people, events, and things in the environment.
Children take in information with their senses: sounds, sights, smells, tastes, textures, movement.
Processing Information
The child thinks about the information and attaches meaning to it.
This means that the child understands that some things cause others, that some things follow others, and that some things are different from others. It also means that the child can remember what is learned.
Using Information
The child uses the information: you see new behavior.
The child now understands something new or can do something new. You know this because the child tells you (verbal response) or shows you (motor response).

3

Information from the Environment

Children normally use all of their senses to take in information from their environment. Most children — including learning disabled children — learn through a combination of seeing, hearing, and moving, which are the most important senses, and smelling, tasting, and touching. (Although "moving," strictly speaking, is not a sense, children also learn by moving things and their bodies in space.) However, there are children at all ability levels who have problems using some of their senses.

As you observe children with learning problems, check to make sure their problems are not due to impaired vision or hearing. If they can't see or hear well, the things or events they experience will be limited. In other words, they will receive less information from their environment. If vision and hearing are fine, these children may be having difficulty taking in the information for other reasons. For example, if there is too much to see, hear, and do, they may get confused and not know what is important to concentrate on. You might have a child who cannot pay attention to your voice because he or she hears all of the other sounds in the room that other children ignore. This child needs to be taught and helped to concentrate on the important aspects of the environment.

Processing the Information

As their senses explore the people, events, and things in their environment, children remember, organize the information, attach meaning to it, see relationships, and figure out uses for each new learning experience. All young children need a great deal of direct contact with concrete experiences in order to process the information well. This is why showing most children how to do something works better than describing how to do it: showing is concrete and direct, while describing is abstract and indirect.

If children have difficulty taking in information that is described verbally (presented auditorily), you can help them understand by using something visual and concrete. You may also need to add movement in teaching a skill. For example, if Renata cannot follow the verbal direction "Take two steps forward," demonstrate for her or have another child demonstrate. If that doesn't work, use movement by having her put her feet over yours to "feel" the task, or move her body for her.

Using the Information

If children have received information from their environment through their senses, and if they have remembered and attached meaning to the information they have received, they should be able to respond in a way that lets us know what they have learned.

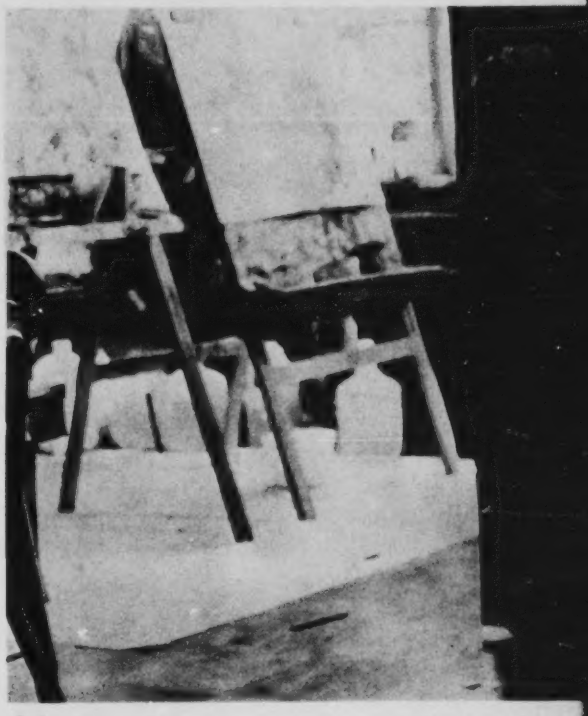
Children have two ways of expressing what they have learned: by what they say (verbal responses) and by what they do (motor responses). Children who are learning disabled may have trouble expressing themselves with words (a verbal response), or may be awkward and clumsy with their bodies (a motor response). This makes it hard for them to use the learning that has taken place. In some cases they may have taken in the information and processed it, but they may not be able to express the information. While it is not possible to determine exactly what information a child takes in or how he or she processes it, it is possible to evaluate the child's actual response. By breaking tasks down into very small steps, you will be able to see where in the learning process a child is having difficulty.

Difficulty in one or more than one of the learning steps — taking in information, processing information, and/or using information — may indicate a learning disability. Knowing which step(s) children have trouble with can help you design individual activities.

Some experts in learning disabilities do not view learning in terms of a "process approach" (that is, looking at skills or modalities by breaking them down into specific areas such as visual, auditory, and motor). Instead, they avoid these terms completely and use a behavioral framework to analyze a child's functioning. For example, instead of saying "Jimmy has difficulty with tasks requiring fine motor skills," they would describe the actual behaviors: "Jimmy cannot underline, draw a square, or put pegs in a pegboard."

What Are Children with Learning Disabilities Like?

The next few pages discuss self-concept and describe some of the behaviors that you may observe in learning disabled children in six skill areas. It is important to remember than *any* child may exhibit one of the characteristics described under a particular skill area. This does not mean that the child is learning disabled, however. Learning disabled children are likely to exhibit *several* of the characteristics described in one or several of the skill areas. Each learning disabled child will display a unique combination of these behaviors.



Self-Concept

Children who are learning disabled may have problems with their self-concept (how they feel about themselves). Some may show a greater need for attention than other children. Others may withdraw from contact. Some may appear to be frightened and unsure. Others may appear to be just the opposite — bold and aggressive.

Children with a negative self-concept have a tendency to break down in tears more frequently than others, to become more frustrated, and to seem more confused. They are probably as puzzled and frustrated by their learning difficulties as you are. Anxiety over competence develops very early in young children. For example, each time Oscar sees another child do something he cannot do, his feelings about himself suffer. He begins to question his value as a competent person. Each time his brothers or sisters remind him that he can't do things as well as they, his self-doubts increase. One remedy for this problem is to make the child aware of the things he or she *can* do.

Motor Skills

Gross Motor Skills

Gross motor skills involve movement of the large muscles in the arms, legs, torso, and feet. Children with learning disabilities may show problems in the following areas.

Developmental milestones. They may exhibit delays in developmental milestones such as crawling, sitting up, and walking.

Body control. They may lack body control and rhythm in activities such as jumping, hopping, skipping, throwing, kicking, and lifting things. Lack of body control results in jerky and uncoordinated movements.

Bilateral movement. Some children may have difficulty moving both arms and hands at the same time (bilateral movement), and in tasks such as lifting or throwing.

Crossing the midline. Some children may have difficulty crossing the midline of the body. For example, a child might have trouble using her right hand to pick up a toy placed to the left of her body.

Cross-lateral movement. Cross-lateral movement (using opposite arms and legs at the same time) may be hard for some children. For example, a very young child may have trouble using his left leg and right arm to crawl.

Balance. General clumsiness may result if a child is not able to control his or her balance while moving: the child may frequently trip, bump into things, or drop things.

Spatial orientation. Some learning disabled children have poor spatial orientation skills — that is, they do not understand their position in space and the relationship between themselves and the objects around them. You may notice that such a child cannot recognize objects (or shapes) when they are placed in different positions. For example, a child may be able to recognize a teddy bear when it is in the upright position but not when it is upside down or sideways. Or a child who can recognize three-dimensional objects may not recognize the same object in pictures.

Spatial relations. Some children may also have trouble with spatial relations. These children cannot judge the relationship of objects to each other and to themselves in a reliable and predictable way. They may have difficulty stepping over or walking under objects, such as a rope held at various heights. Some may not recognize the need to crouch or crawl in order to move through narrow tunnels or low spaces. Others may consistently try to fit big objects into small boxes. Difficulty putting on clothes, going up and down stairs, and fitting lids on boxes or keys in locks may also indicate a problem with spatial relations.

Problems in spatial relations may also result in fear of heights, hesitation of movement, and difficulty in understanding the direction or extent of a movement necessary to accomplish a task. For example, you may have a five-year-old in your program who cannot coordinate his or her arm movements so that he or she throws a ball in the right direction. You may also notice that the child has difficulty running or riding a tricycle.

Fine Motor Skills

Fine motor skills include movement of the small muscles used to move the fingers, wrist, lips, and tongue. Learning disabled children may have problems in the following areas.

Finger and wrist movements. Children who have problems with fine motor skills frequently are clumsy in handling small objects. These youngsters cannot button and unbutton, snap and unsnap, tie and untie, use a pair of scissors correctly, or hold a crayon securely. They may have difficulty gripping things between the thumb and index finger (pincer grip). You may notice poor pincer grip when children are picking up very small items such as beads or buttons. They may also have difficulty copying vertical or horizontal lines and circles, a skill that is usually mastered by age five. Some children may also have poor control of wrist and finger movement, so that they have difficulty with such tasks as grasping a pencil, using scissors, handling rhythm instruments, and stringing beads.

Lip and tongue movements. Some children may also have difficulty with fine motor coordination of the lips and tongue. Since the ability to make rapid movements of the lips and tongue is a fine motor skill necessary for clear speech, these children may not speak clearly or may be reluctant to talk.

Visual Skills

Visual skills include visual perception, visual discrimination, visual tracking, visual memory, and visual-motor integration. Each of these skills is described below, along with the possible problems you may notice in learning disabled children.

Visual perception. Visual perception is the ability to interpret what is seen. Children with problems in this area have a defect in the *way* they see, even though there is nothing *physically* wrong with their eyes. A child with problems in visual perception lives in a world in which objects, events, and persons constantly "change," because the child is not able to judge size, shape, location, movement, and color. A child with a problem in this area may, for example, be unable to put together puzzles or build with blocks, because of an inability to tie the individual parts he or she sees into a unified whole.

Visual discrimination. Visual discrimination is the ability to look at objects or pictures and recognize whether they are alike or different. Children with problems in this area may have difficulty matching blocks that are the same color, matching shapes, or matching line drawings of circles, squares, and triangles. They may not be able to point to "the one that is like the others."

Visual tracking. Visual tracking is the ability to focus your eyes on one point and move them rhythmically from side to side, up and down, or diagonally. Some authorities believe that visual tracking is a prerequisite skill in learning to read. Children with visual tracking problems may frequently shift or jerk their eyes during activities involving rhythmic moving of the eyes, such as watching a glider plane, a running child, a rolling ball on the playground, or a ping-pong game.

Visual memory. Visual memory is the ability to remember for even a short period of time something seen in the environment. You will notice that children with impaired visual memory cannot perform even simple memory games, such as looking at three or four familiar solid shapes, closing their eyes, and then identifying which one you have removed.

Visual-motor integration. Some youngsters can't make their hands follow signals from their eyes. For example, they may be unable to copy simple designs or shapes. This mismatch between vision and movement may be called either a visual-motor integration problem or an eye-hand coordination problem. It often means that a child has difficulty drawing, cutting and pasting; putting forms in a form-board; or fitting pieces in a puzzle.

38 Auditory Skills

The primary auditory skills for preschoolers are discrimination, memory, and localization. Learning disabled children may show the following types of auditory skill problems.

Auditory discrimination. Auditory discrimination is the ability to tell the difference between sounds. Children with auditory discrimination problems may have difficulty distinguishing between sounds that are similar. For example, words like cat and cap may sound identical. Such children may miss the point of what is being said, and become bewildered and frustrated. Some children may also have difficulty telling the difference between a familiar voice and an unfamiliar voice, or difficulty recognizing familiar sounds.

Auditory memory. Auditory memory is the ability to remember what you hear for even a short period of time. Children with auditory memory problems may forget the beginning of a sentence by the time the teacher gets to the end. They may be able to remember only three or four words at a time, no matter how hard they concentrate. Other children may be unable to remember the sequence of sounds within a word. Such children may hear each sound correctly but forget their order, so that, for example, "basket" may become "bakset." These children may have trouble following one-step directions such as "Put the puzzle on the shelf," or repeating simple sentences like "Come over to the table." Sometimes these children repeat simple one-step directions aloud in order to remember them. Some constantly ask to have things repeated.

Localization. Localization is the ability to figure out where a sound is coming from. Some children have unusual difficulty with localization. For example, a child may look in every direction when his or her name is called.

Communication Skills

Communication skills include receptive language and expressive language. Children with learning disabilities may have problems in one or both kinds of language skills.

Receptive language. Receptive language is the ability to understand what is *heard*. Children with auditory, discrimination, memory, and/or localization problems may have real difficulty developing and using receptive language skills. In addition, children with problems in receptive language may not be able to understand simple one-step directions (such as "Put the ball in the box") because they do not understand prepositions of position such as **in, on, over, under,** and **behind**, or because they do not understand action words such as **put, jump, sit, run,** and **peek**. These children may also have problems learning the meaning of other parts of speech.

Expressive language. Expressive language is the ability to express oneself verbally. The speech of children with problems in expressive language may not be understandable. They may hesitate when asked a question, or have difficulty putting words together into sentences. Some children have speech articulation problems such as lisping, which can interfere with their ability to make themselves understood. Most of these problems are not necessarily due to learning disabilities, and usually disappear during the early grades of school.

Learning disabled children may have more problems than other children their age in using the forms of language (for example, the plural form and the past tense of verbs). It may also take them considerably longer to learn to use correct grammar and sentence structure. Children with expressive language problems are frequently unable to remember the words they want to say. Instead they may show you what they need or describe things using sound effects (for example, "beep-beep" instead of "car"). They may also use incorrect words (such as "table" for "chair") and not be able to imitate sounds and words.

Many non-handicapped preschoolers have difficulty imitating sounds and words, but preschoolers with expressive language problems also have several of the other characteristics described here. For example, some cannot imitate movements of the tongue or lips for actions such as blowing. They may also have difficulty understanding and using non-verbal communication, such as gestures, mime, and facial expressions.

Children with these problems will need a great deal of practice imitating speech and other kinds of sounds and mimicking body language (non-verbal communication). See Chapter 4 for examples of such activities.

Some learning disabled children constantly ask to have things repeated.

40

Cognitive Skills

Some learning disabled children have difficulty with cognitive skills, the ability to understand and organize their world. They may think only in concrete terms and may not be able to understand abstract ideas. Some may take everything literally — and often out of context. For example, if you tell the children to get into a circle, a child with a learning disability may step into a circle on the carpeting instead of joining hands for a game of "Ring Around the Rosie." In addition, these children may not seem to have as much general knowledge as other children (for example, they may not understand that gasoline makes a car go, or that grass needs rain). They may need to try simple tasks many times before they can perform them without mistakes. Sometimes children with problems in this area appear to have forgotten a task before they have completed it. For example, they may begin a coloring task that involves matching colors, and halfway through forget how to do the remaining items. Others may not be able to generalize information from one situation to another. For example, it may not be enough to tell such a child, "You shouldn't run in the building." You may have to remind the child as each situation occurs ("You shouldn't run in the hall . . . on the stairs . . . in the classroom.")

Social Skills

Children who have learning disabilities may exhibit a variety of behavior problems ranging from aggressiveness to withdrawal. They may have difficulty making friends, get overexcited in play, and/or have extreme and frequent mood changes. Some of these children may have an excessive need to touch, cling, and hold on to others. They may also appear highly distractible, moving from child to child without becoming involved in any activity. Others may prefer to perform one particular activity by themselves, refusing to do it with others.

"Come join us for story reading."

Chapter 4:

Mainstreaming Children with Learning Disabilities

4

Early mainstreaming experiences help children make friends and learn from each other, and can help prevent learning disabilities.

42 *The opportunity to begin to work early with a child with learning problems is an advantage both to you and to the child, since the well-known "ounce of prevention" can be provided at this time. Through early preschool experiences, many learning disabled children are able to overcome some of their delays and disabilities and continue in regular classrooms when they move from Head Start to public school. Working together, you and a child's parents can develop preschool and home programs that are individualized to fit the needs of a child. This can help to prevent learning disabilities.*

This chapter provides suggestions on how to mainstream children with learning disabilities successfully into your program. Included are suggestions on how to arrive at an appropriate educational plan, how to make efficient use of classroom facilities, and how to manage children and conduct daily activities.

Project Head Start stresses that all handicapped children, regardless of the severity of their handicap, should be considered for enrollment in Head Start if the particular program has the services required to meet their needs adequately. Almost all children with learning disabilities can benefit from being in a mainstream classroom. If a child with learning disabilities has additional handicaps, it is important that Head Start staff, together with the parents and appropriate specialists, make the decision as to whether the child should participate in the program, and if so, to what extent. Placements must be made on an individual basis, because the accompanying handicaps range in severity and type, and the needs of the children vary widely.

Planning

The planning process for a child with learning disabilities has the same purpose as planning for other children: to help you map out a course of action for working with the child. This process calls for the involvement of several people: the teacher, the parent or parents, Head Start staff representing the various service components, and service providers from outside agencies.

The goal of the planning process is to produce an **Individualized Education Program** (I.E.P.) for the child, which is now required by Public Law 94-142, Education for all Handicapped Children Act, and required by Head Start Performance Standards. Based on an evaluation of the child, the Individualized Education Program states the child's present level of educational performance, the annual goals and short-term instructional objectives for the child, and evaluation procedures for determining whether instructional objectives are being achieved.

For each handicapped child Project Head Start requires the following elements in the planning process:

1. An interdisciplinary team is required to make two kinds of diagnoses: a **categorical diagnosis** and a **functional diagnosis**. A categorical diagnosis is simply a statement of the kind and severity of the child's handicap. This kind of diagnosis is useful to you only for reporting or record-keeping purposes. A functional diagnosis or assessment is a developmental profile that describes how the child is functioning, and that identifies the services the child requires to meet his or her special needs.

2. Based on the functional assessment, an **individualized education plan** is to be developed for the child. This plan describes the child's participation in the full range of Head Start services, and the additional outside services that will be provided to respond to the child's handicap.

3. Periodically, **ongoing assessments** of the child's progress are to be made by the Head Start teacher, the child's parents, and (if needed) by the full diagnostic team. If these re-evaluations show that the child's individualized education plan or the services he or she is getting are no longer appropriate or needed, they should be changed or adjusted.

4. When the child leaves the program, Head Start should make arrangements for the **continuity of needed services** in elementary school. This can be done in a variety of ways, but usually involves holding a conference with parents, the school, and service providers. The elementary school should be given a description of the services the child has been receiving, recommendations for future services, and the child's records from Head Start.

As the child's teacher, you are involved in many of these procedures. Your part in the process is described in more detail in the following six steps. The steps are just as useful with non-handicapped children and other handicapped children as they are with learning disabled children.

Step 1: Observe each child in a variety of activities, identify strengths and weaknesses, and record your observations.

Step 2: Set objectives based on what you have observed as reasonable for the child to achieve.

Step 3: Select classroom activities and teaching techniques that can best help each child reach the objectives. Seek outside assistance as needed.

Step 4: Develop the plans with the child's parents and specialists.

Step 5: On a continuing basis, observe, evaluate the child's progress, and develop new objectives.

Step 6: When the child is ready to leave Head Start, make plans to ensure that there is continuity of needed services with the public school.

Each of these steps in the planning process for handicapped children is discussed in greater detail below. For help in individualizing your activity planning for learning disabled children, see the section titled, "Specific Teaching Techniques," in this chapter (page 67).

The team planning process results in an Individualized Education Program.

Observe

The process and purpose of observing is the same for all children. The procedure for observing is described on pages 45-47. The purpose of observing a child is to identify the child's **developmental level** — the level at which the child is actually functioning. This can tell you much about the child as an individual. Progress is made by building on the child's strengths and working on areas that are weak. As you observe the child in a variety of activities, you should take careful notes. Other names for this process are assessment and evaluation. Educational assessment is particularly necessary and useful to the planning process because it makes you aware of the basis for what you do in the classroom. The following example describes a situation that calls for assessment.

When the teacher gives Martin paper and crayons to draw a picture, he stares at them as though he doesn't understand what to do.

Martin

At the beginning of the year, you meet four-year-old Martin. The first thing you notice is that he seems confused — he doesn't seem to understand what is going on. When you ask the children to sit down to hear a story, Martin gets up and goes to the sand table. When you put paper and crayons in front of him, he just stares at them. When you show him a picture, he cannot describe what is happening in it, but simply names the things in the picture. You realize that Martin is a child you need to observe closely, so you can figure out what the trouble could be. What puzzles you most is that Martin seems very bright. He catches on to abstract concepts before most of the other children, his speech is excellent, and he has a large vocabulary. He is, however, very inconsistent. Some days he can do anything, while other days he has trouble with just about everything.

You think that there are several possible explanations for Martin's behavior. It is possible that he has a hearing problem, which would explain his difficulties in following directions. But when you call his name when his back is turned, he looks at you — so that isn't it.

Maybe he has never been away from his parents before, and the emotional stress of the separation is troubling him. But you notice that he says goodbye to his mother fairly easily in the morning, and doesn't seem very upset after she has left — so that isn't it.

So then you think that whatever it is, he'll get over it in time. After all, some children do take longer than others to adjust to new situations. A month passes. You are beginning to suspect that there might be something seriously wrong with Martin, since the unusual behavior is continuing.

You start to keep notes. You write down all the behavior that seems unusual: what the circumstances are and what Martin does. You note especially all the points included on the Observational Checklist in Chapter 2. After another month, you suspect that Martin might be learning disabled or have some other problem. Your careful observations and the notes you keep are the best beginning for figuring out what the problem could be.

Anyone who works with children can be a detective in this way. If you notice a problem in a child, try to figure out possible explanations for it. Test each explanation to see if it accounts for what you have observed and reject explanations that don't fit the facts. Gradually, you can narrow down the possibilities. You may find yourself with one or two possible explanations of the problem. Or, you may just not know. At that point you may decide to seek help.

How to Observe

Observation is a technique of focused looking and listening to what people say and do. Using observation as a tool for learning about children involves being systematic, watching for patterns, and using the information.

Be Systematic

Your first step is to decide what you want to observe. Thinking about Martin again, for example, you remember that he can't complete a simple puzzle. Since you know that doing puzzles requires fine motor skills (both spatial awareness and motor control), you want to observe how he handles other activities that require such skills.

You next think of other activities that require fine motor skills. They might be coloring, working with clay, turning the pages of a book, picking up a spoon and a cup, and zipping a zipper. You will want to observe Martin when he is doing these things.

You also decide to observe Martin's language skills, since he shows difficulty in following directions and describing pictures.

Your observation notes should include several kinds of information:

- What the activity is (for example, snack).
- What is happening around the child. ("The other children were all talking at once at the table. Martin was getting little attention from the other adults at that moment.")
- The *details* of what Martin does in terms of fine motor skills and language skills, and in terms of strengths and weaknesses. ("Martin held the cup with two hands. He dropped it when he tried to hold it with one hand. He held the spoon in his fist. . . . Martin described pictures that showed simple action. He fell back on naming objects when the picture was too busy.")
- How the child is feeling. ("Martin seemed tired and angry at snack. He was unable to sit next to other children without pushing into them. He tipped over Sammy's juice and grabbed Louisa's crackers. He also stayed at the snack table after everyone had left, playing with his uneaten food.")

You continue to observe Martin's fine motor and language skills regularly enough and long enough to get a sense of how he is functioning in these skill areas.

46 Here are some general tips to help you be systematic as you observe.

1. Note details

It is very important to write down specific, detailed observations that focus *exactly* on what the child does. For example, if you write down, "Martin spilled his milk," this might mean that he was angry, wasn't paying attention to what he was doing, was awkward, had a problem with his arm or hand muscles, or a number of other possibilities. However, consider this version: "Martin reached for his milk cup with both hands. He misjudged the distance and his abrupt reaching motion caused him to knock over the cup." These notes would be immensely helpful both to you and to a trained diagnostician, who would recognize that they might indicate problems of spatial awareness.

For information to be useful to you and others, it must be specific.

2. Write down the details as soon as possible

Make a note of what you see as soon as possible, since it's easy to forget quickly the details of a child's behavior in a particular circumstance. Details are important: they describe a child's individuality. They are also the best indicators of a child's needs. When you take notes, try not to be obvious about it. Write them down away from the child.

3. Plan a realistic schedule

Your observations should be scheduled, just as your activities are. Observe and make notes as often as necessary to get a full picture of what the child does easily and has problems with in the skill area you are focusing on.

4. Vary the settings in which you observe

Children can behave differently in different activities and moods, so it's important to observe a child in a variety of situations. Observe the child on the playground and in the classroom. Observe the child as he or she plays alone, with the other children, and with you and other adults. Observe the child when he or she is feeling happy, sad, tired, rested, friendly, and angry, because these feelings affect the child's behavior.

5. Vary your observer role

You might also try to vary your role as an observer. You can act as a spectator-observer, watching but not participating. For example, you can observe from the side of the room while another adult manages the classroom activities. Or you can be a participant-observer, taking part in the activity with the child. It is usually easier to observe as a spectator, so you might try this method first. Again, be careful not to call attention to yourself as you observe. Otherwise the child might not act naturally.

6. Start by observing one child at a time

As you become more experienced in observing, you will probably find that you can observe more than one child at a time. It's best not to try to do this, however, until you are pretty sure you won't get confused, or miss or forget important information.

Watch for Patterns

Watching for patterns is an important part of observation. You may notice that a child sometimes forgets words, stumbles, or knocks things over. All preschool children do these things from time to time. What you want to know is whether the child often or always does these things. Carry a piece of paper and a pencil around with you and keep track for a few days. Be sure you are objective (factual) about your observations — try to keep your own feelings and reactions separate — and avoid jumping to conclusions. In this way, you will be able to see the patterns that point to the particular skills with which the child needs help.

Going back over all the notes you have made can help you discover patterns you didn't see before. You should review your notes on a regular basis. The information in them can help you identify other skill areas and behavior you might want to find out more about, either by observing or by other assessment methods.

Use the Information

Once you have observed a child systematically, written down your observations, and reviewed your notes, you should be able to identify areas of strength and weakness in the child's skills. This information can be used to develop objectives for the child, and to select activities and teaching techniques that meet the child's needs. This information can also become a basis of discussion with other teachers, the parents, and the specialists.

For example, when you review the observations you made about Martin, it becomes clear that he *does* have a problem with his fine motor skills. In particular, you notice that he has a lot of trouble with coordination — making his hand move to the place where his eyes tell him his hand needs to go. Since your objective is to improve Martin's eye-hand coordination, you select activities that involve this skill so that he can get the practice he needs. These activities might include puzzles, peg board activities, and form board tasks. You can also decide to work alone with Martin more, both because he needs your help with the skill and because he works better on it in a quiet place away from the other children.

It is important to write down detailed observations, so that you can pinpoint the skills with which a child is having problems.

Set Objectives

An important part of the planning process is developing individual objectives that will lead to the maximum development of each child. The objectives need to be realistic in terms of the purpose of Head Start and the program's staff and time resources. Most important, the objectives should be developmental objectives. In other words, you can't expect to teach a learning disabled four-year-old to function exactly like non-handicapped four-year-olds, but you can help the child progress to his or her next developmental level.

Here are some guidelines for setting objectives.

1. Be specific

When you have gotten together your observations, you will find some areas of strength and some weaknesses. This information is not particularly useful until it is translated into what the child *needs*. State objectives in terms of skills and behaviors that need to be learned and that you can observe. Set a target date for the achievement of each objective.

For example, if Elizabeth has difficulty recognizing shapes (circle, square, and triangle), your objective for her may be to learn to group items by shape and to name the shapes. To make this objective more specific and easier to observe, state it as follows: "In two weeks, Elizabeth will group circles, squares, and triangles by shape, and will verbally label each group accurately."

2. Develop both long- and short-term objectives

If Mario has difficulty with self-help skills such as eating and dressing, the long-term objective for him might be: "Mario will learn eating skills." Short-term objectives that will help Mario meet the long-term one are: "In two weeks, Mario will hold his cup still while the teacher pours his juice. In one month, Mario will hold his cup still and pour his juice with assistance. In two months, Mario will pour his own juice and stop at a mark on the cup without any help."

3. Develop new objectives as needed

Objectives will have to be changed if your observations show that there is a need for it. If Mario surprises you and learns to pour his juice without help in only five weeks instead of two months, or if it takes him more than one month to learn to hold his cup still and pour juice with assistance, you will want to develop new objectives to fit Mario's abilities and needs.

One of your short-term objectives for Robert might be: "In one month, Robert will keep his hands to himself throughout lunch."

Step 3:

Select the Program, Activities, and Techniques

If your Head Start program has several program options, you need to consider which one can best meet the objectives you have set for each child. For most learning disabled children, a full-day, center-based program is best. In a very few cases, a half-day program combined with a home-based program might be best. For still others, it may be necessary to participate in speech and language programs or in special programs for motor development. Or it may be necessary to refer some children to an occupational or physical therapist. In each case the type and amount of services must be matched with the severity of the disability. It is a good idea, however, to start off by *expecting* the child to participate in *all* standard Head Start activities along with other children. The child's program can then be revised, if and when it becomes necessary.

To make it possible for learning disabled children to participate in all your usual classroom activities, think about ways to adapt them, and prepare them differently. You can use a variety of teaching techniques to make sure the child gets what he or she needs. For examples, look at the activities described in this chapter (page 74).

Step 4:

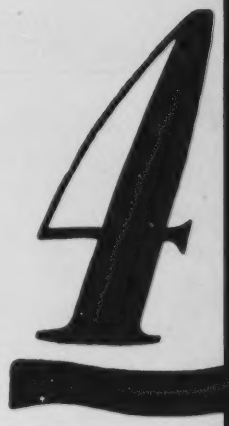
Develop Plans with Parents and Specialists

Parents

Sometimes it is hard for parents to recognize changes in their child from day to day. In the classroom you have the opportunity to see a child for long stretches of time, to observe the child performing a wide variety of activities, and to compare each child with many other children. For these reasons, you can observe a child's daily progress and set realistic objectives based on your observations. On the other hand, parents know a great deal more about their child than you possibly could, simply because they have known the child from birth. Moreover, for education to be effective, parent and teacher goals for the child need to be consistent so that both are working, in their different roles, toward the same end. Develop your plans with parents. Share with parents the progress their child is making in your classroom and ask them to share with you the child's accomplishments at home. As you work together with parents, you might invite them to observe the program and to assist in class activities.

Specialists

Specialists typically see a child for short periods of time doing a limited number of tasks, and interacting only with themselves and the parents. Sharing your observations with specialists can provide them with valuable information on the child's activity in a more normal setting. In turn, the specialists can help you understand what limits the handicap imposes on the child's activities, and may be able to help you develop objectives that are based on the child's needs and abilities.



50 Step 5:

Continue to Observe, Reassess, and Make Adjustments

While a formal assessment of each child's development and progress may occur only once a year, you should aim for more informal evaluations much more often. (Remember how quickly children change at this age, especially in a stimulating classroom!) As you observe and record regularly a learning disabled child's response in major skill areas, your understanding of that child and the effects of the disability will grow. Keep in mind the objectives toward which the child is moving, and how much progress has been made.

Refer often to your past observations, and look for patterns in skill areas. If, for example, there is a pattern of difficulty with eye-hand coordination, consider whether you have seen some improvement in this area. Try to figure out which activities the child has enjoyed most and which ones seem to have caused the most improvement. Try to include more of these kinds of activities in the future.

Step 6:

Continuity Between Head Start and the Public Schools

As a result of the Education for All Handicapped Children Act, public schools will increasingly be providing the benefits of mainstream classrooms and special services to handicapped children. After being in a mainstream Head Start classroom and receiving special services, children with learning disabilities will need to have these advantages continue. There are several things a handicap or social service coordinator and you can do to contribute to the continuity of the education that a child with a learning problem has been receiving in your program.

- **Some Head Start programs have developed formal relationships with the public schools in their area, to assist in the transition between preschool and elementary school. If your program has no formal relationships with the public schools, you might explore the possibility of establishing them. A joint conference with the child's next teacher may help provide continuity in the program. Your program director or handicap coordinator will know where to go for other suggestions on how to achieve this.**
- **It is easier to ensure continuity of the educational program if community providers of special services to preschoolers continue to provide them to the children when they go on to public school. Before a child leaves Head Start, you can discuss future plans for the child with the specialists who have been working with him or her.**

- **Parent participation in the services their child has been getting in Head Start is a valuable foundation to build on. Encourage parents to continue their involvement and to make sure that the child receives needed services in elementary school. Public Law 94-142 requires parental involvement in planning and placement in any special program for children with special needs in the public schools.**
- **Finally, you can keep in touch with the child and his or her family after the child leaves your classroom. A telephone call or a visit to find out how things are going will be appreciated by the parents. If the child is having problems, your suggestions on how to deal with them would be welcomed.**

"... How is Susan enjoying first grade?"

The Physical Setting and Classroom Facilities

4

We all know that Head Start facilities vary, and that there may need to be some modifications in classroom arrangements for different types of handicapped children. However, many handicapped children — and particularly those with learning disabilities — do not require much in the way of special equipment or materials. Wonderful learning environments can exist without modern buildings, fancy furniture, or expensive materials. But it is necessary to consider carefully the best use of space and to arrange the classroom in a way that will encourage learning and desirable behaviors. Careful planning and classroom arrangement can do much to provide structure and smooth transition from one activity to another during the day.

In addition to making the classroom attractive and inviting, you should consider how you can best arrange the environment to meet the needs of all of the children in the group. In general, arrange your room so that each child can explore the space and use the materials with as little assistance as possible. The following suggestions are useful in *all* preschool classrooms, but especially in classrooms with children who have special needs.

52 Decide on a Floor Plan

In considering arrangement of space, you may find it helpful to draw a floor plan to scale on a piece of paper. Use pieces of colored paper cut to scale to represent the different types of equipment that you have in the classroom (tables, cupboards, and chairs). It is a lot easier to move pieces of paper on a floor plan to see how they fit than it is to shift furniture! There are usually a number of arrangements possible in any given space. Children with learning disabilities need consistent spatial environments. They may become anxious and overactive if sudden changes are made. If you are going to change furniture arrangements, do so gradually and warn the children well in advance.

Clear Traffic Patterns

Keep passageways clear and uncluttered. Some learning disabled children are clumsy or have poor balance. They can easily stumble and fall over unexpected obstacles in their path. The traffic patterns between activity areas should be easy to recognize. The floor plan may help you to recognize and correct traffic problems before they happen. Don't overlap traffic routes and activity areas — this will disrupt the children who are involved in the activities.

Start Simple

Keep your room arrangement as simple and uncluttered as possible, especially at the beginning of the year. As the children get used to it and learn to handle a more complex environment, you can gradually increase the amount of materials and the number of activity areas. The use of well-defined and consistent space patterns will avoid confusion and help the children become familiar with the organization of your classroom.

The space in which an activity occurs should be clearly marked. For example, you might want to put masking tape on the floor to indicate the big block area, the housekeeping corner, and other areas. Other space cues, such as cabinets and movable partitions, can be moved around as needed. Mark storage areas clearly. Make sure children know where they are and what belongs in them, and can get at them easily. Be consistent about where materials are kept and where activities take place. Teach children to return materials after using them and expect them to do so.

Noise Level

Avoid placing noisy activities next to quiet activities. Noise and movement distract children, especially children with learning problems, from quieter tasks. Some learning disabled children tend to become anxious and overactive when noise levels are high. Other learning disabled children need help in improving language skills, but it's hard to make out what a teacher is saying if the room is very noisy. Listening and speaking are a lot easier for everyone when it's relatively quiet. In addition, keeping noise down will enable learning disabled children to take the rest breaks that some of them need to function most happily. Be sure there are quiet places in the room.

Individual Space Cues

Children who aren't used to sharing a room with a lot of other children may use more space than they should. For example, a child sitting in a circle might extend his or her legs and kick the next child. You can use physical signals to limit their movement. Try a masking-tape "X" or a rug square on the floor where the child is to sit. A file cabinet or a bookcase can be strategically placed to define the space you want the child to occupy. More subtle cues, such as a friendly touch or placing the child directly in front of you, will also help to limit the child's movement.

In general, the more obvious the space cue, the easier it is for the child to understand. You can gradually eliminate the more obvious cues (rugs, tape) and substitute less obvious ones (a spoken reminder) as the child learns to use space properly.

Even the spoken reminder will no longer be needed when the child learns and accepts the limits of his or her own space.

4

54 Personal Places

There should be a quiet place available where children can go on their own. Some classrooms have cubbies where children keep their personal belongings. These are often large enough to be used as nice "escape hatches." You can even rig up a curtain that can be drawn across the cubby, if the child would like this. Try to arrange your book area so that it is soft and comfortable and has private nooks and crannies. Everyone needs to get away from it all every once in a while, and children with learning disabilities may be especially in need of private, quiet space. This is particularly true of hyperactive children, who can be helped to acquire inner controls only if the environment is relatively quiet and controlled.

Each child should have a special place for his or her own things. This helps a child to develop a sense of self and to learn to respect the rights of others.

Use What You Have

You don't need expensive or fancy materials for a learning disabled child. You can often adapt what you have by thinking about what a child needs to learn from the material. Watch the child to see if something is too complicated. In this way the child will let you know how to simplify it. Also, ask the parents for help in adapting classroom materials. They may have already done this kind of thing at home.

In your teaching, try to select challenging materials that will stimulate children's curiosity. Offer materials that need active fingers and hands, and that allow a variety of uses. Since learning takes place through all the senses, include materials that a child sees, hears, feels, moves, tastes, and smells.

Checklist of Classroom Facilities

After following the general suggestions just given, you may want to make a checklist or use the following checklist to make certain that the physical setting of your classroom serves both your needs and those of the children — handicapped and non-handicapped. If you check any "No" answers in using this checklist, you should refer to the list of alternatives that follows each set of questions.

1. ***Is the classroom arranged so that it allows the teachers to interact with the children and to supervise them?***

Does it allow the children to use the materials and facilities independently?

Things to Consider

	Yes	No
Can the teacher see all areas of the room at once from several different places?	☐	☐
Are children's materials on low, open shelves so that children can select materials and put them away?	☐	☐
Are the shelves marked with pictures or cues that show the children where to return the materials?	☐	☐
Is all equipment arranged so the children can use it safely, with a minimum of adult supervision?	☐	☐
Are toileting, hand washing, and water fountain facilities installed at a low height, so the children can use them without help?	☐	☐

Alternatives

If your answer is "No" to any of these questions and your room cannot be rearranged, consider the following alternatives.

If the teacher's view is blocked by permanent structures, a staff member could be assigned to the area that cannot be seen from other parts of the room. Or the area could be limited to quiet activities by only a few children at a time. If neither arrangement is possible, the hard-to-see area could be blocked off and used to store equipment and materials.

If low shelving cannot be arranged in some activity areas, place heavy brown wrapping paper on the floor in those areas. Draw the outlines of the materials to be placed on the paper, so that the children will return them to the same spot after play.

If toileting, hand washing, and water fountain facilities are already installed for adult height, sturdy footstools can be bought or constructed at low cost to make facilities easier to reach. Be sure the footstools are sufficiently anchored so that they do not slip out from under a child's foot. If several children are awkward or clumsy, a built-in platform with a larger foot space may be more appropriate.

4

This checklist of classroom facilities was developed in an Office for Child Development/Bureau for the Education of the Handicapped Project with Head Start.

2. *Is the classroom arranged so that it fosters cooperative and positive interactions among children?*

Things to Consider

	Yes	No
Are activity areas clearly indicated so the children can tell where block, creative play, housekeeping, manipulative activities, and so forth take place?	☐	☐
Are activity areas large enough for both parallel (side by side) and cooperative play?	☐	☐
Are these areas arranged so that a child does not have to walk through one activity area to reach another?	☐	☐
Are compatible areas near each other? For example, are active areas (such as housekeeping and blocks) near each other, and quiet areas (such as books and manipulatives) near each other?	☐	☐
Are materials for similar activities stored and used near each other? (For example, blocks and cars, books and puzzles.)	☐	☐
To promote variety and continued interest, are major materials changed from time to time?	☐	☐
Are the equipment and materials displayed in a way that invites children to use them?	☐	☐

Alternatives

To help the children understand where materials should be used, the boundaries could be designated with shelves, rugs, or masking tape.

To provide more space in an activity area, one activity could occasionally be eliminated to make more room for another area. For example, housekeeping could be closed on some days to make a large block area.

If children must pass through one activity area to reach another, masking tape or butcher paper might be used to mark a sidewalk through a heavily traveled area so that another child's play is not disrupted.

To display equipment and materials in a way that invites children to use them, it may be helpful to increase the shelf space so that toys and so on are not piled on top of each other. Make sure that pieces of materials that go together are together and arrange equipment neatly.

3. ***Does the classroom arrangement encourage an individualized program for all children?***

Things to Consider

	Yes	No
Is there a quiet area for individualized or small group activities?	☐	☐
Is there a quiet area for a child to relax or calm down?	☐	☐
Is the group area arranged so that each child can see and hear the teacher?	☐	☐
Is there an open space for active play?	☐	☐

Alternatives

If the room is too small to be partitioned into many individual areas, a corner or a small area between two bookshelves should be used.

It is easier to hear the teacher if the group is located away from the sources of a lot of noise (such as windows near a busy street or doors near a noisy hallway).

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4. ***Does the classroom arrangement foster parent understanding and observation?***

Things to Consider

	Yes	No
Are observation chairs located in inconspicuous places, so that parents can observe the children without interference?	☐	☐
Are play areas labeled according to the particular activity or skill being taught, so that parents know what to look for?	☐	☐
Is the daily schedule posted in an obvious place?	☐	☐

Alternatives

If you prefer not to post activities, you might arrange to meet with parents ahead of class to explain specific classroom objectives.

General Teaching Guidelines

There are many good ways to teach. Because of your personality, temperament, and values, you have developed your own individual teaching style, which is reflected in the activities you choose, and the ways you interact with children. Good teaching techniques are often the same for the education of any child, whether handicapped or non-handicapped. It is best not to change your natural teaching style for a child with a learning problem. Doing so will only serve to make you and the child uncomfortable.

With learning disabled children, you will want to apply your teaching skills consciously, using those skills that most effectively serve the needs of the child. You do much the same for every child. But since a child with a handicap has problems that seriously interfere with overall performance, he or she requires extra consideration. Below are some basic principles that you probably already know and use with *all* children. They are particularly useful in working with children who have handicaps, including learning disabilities.

1. Starting Out

Some teachers are nervous and worried about working with a handicapped child for the first time. This is a common reaction when they don't know the child very well yet (if at all). As a result they sometimes start out thinking of the child as a "**learning disabled** child." As they spend time with the child, watch the child, play with the child, and hug the child, they usually find that they have begun to think of the child as a "**child** with a learning disability," and soon they think of him or her as a "**child**," plain and simple.

You may not understand the behavior of a learning disabled child in your class. Your first efforts working with the child may not all be successful — this is to be expected. You may feel frustrated and guilty. If something goes wrong, figure out what happened, and keep it in mind for the next time.

Don't expect miracles. No one is asking you to cure a child, or to make the child into the fastest puzzle-doer in the class, or into the best runner or climber. Sometimes, even with the very best help from you, the staff, and specialists, a child just doesn't make as much progress as hoped.

2. Classroom Personnel

Aides and volunteers play a key role in all Head Start programs, and their assistance should be included in classroom planning for children with special needs.

Aides

Your aide or assistant helps you teach activities and work with children individually. This help is especially valuable if you have a learning disabled child in your class who needs special attention and assistance. Aides should be included in developing individualized objectives for the child and in ongoing planning. Both you and the aide should agree on what the aide should do, and *why*, to help the child learn and play with other children.

It is not a good idea to have the child work constantly with only one adult. This isolates the child from other children, defeating the purpose of mainstreaming. Some children, however, will need the security of an attachment to primarily one adult in the classroom before they are able to work with several adults. You may want to assign an aide to work with that child for a while.

On the other hand, other problems can be created when a child has too many caregivers who come and go. This makes it hard for the child to form emotional attachments. Children learn better with the reassuring presence of a few people they know and care about.

Care for the child should therefore be shared among several adults and individual attention should be limited to what the child needs so that he or she is not separated from the group too often.

Volunteers

Volunteers can be helpful in working with handicapped children even though their work hours are probably shorter and less predictable than those of aides. They, too, need explanations and directions from you about what they are requested to do.

Parents and high school and college students can all make good volunteers. Young people who are learning about children in school are often interested in working with them. Other sources of volunteers are senior citizen clubs or apartment complexes for the elderly. Many elderly people, especially those whose grandchildren don't live nearby, would be pleased to help with young children — and they certainly are experienced! Other excellent sources of volunteers are organizations and agencies in your community that work with handicapped children (such as Easter Seal, United Cerebral Palsy Associations, children's hospitals, rehabilitation centers).

See to it that everyone who works with a handicapped child in your class gets along well with him or her.

3. Setting Limits

Some limits must be put on children to protect their physical safety. Safety limits are usually clear-cut: for example, "We walk in the classroom" and "Look both ways before crossing the street." State safety limits simply and frequently, and demonstrate them when necessary. Enforce them consistently, so that children will learn that they must be followed.

Children also need limits to help them control their behavior. Unlike safety limits, behavioral limits require you to make some judgments about what is appropriate and what is not. Each of us has a range of child behavior that we accept or can tolerate in our classrooms. (Some teachers don't mind a lot of noise or a messy paint area, while others can't stand this.)

Whatever behavioral limits you set, be consistent in enforcing them. If the limits keep changing, the children will never know what you expect, and will not learn what you are trying to teach. Praise children for their efforts, and try to ignore borderline but tolerable behavior. Let the children know that you accept and respect them, whatever the quality of their performance. As a result, the children will not feel personally threatened by failure.

Before setting a behavioral limit, look carefully at the behavior you are concerned with, and ask yourself the following questions.

How Does It Affect the Other Children?

Does the behavior disrupt the learning of the other children? If the behavior does not disturb the other children, then perhaps it should be something you may want to learn to live with.

For example, Carol may need to have people repeat directions and demonstrate for her several times before she understands what is being said. This may be much more annoying to you than to everyone else in the class, but it is important that she be able to do it. It is her way of coping with her auditory memory problem.

Can the Child Help It?

Does the child have control over the behavior? For example, Arthur may just stand and stare, no matter how many times you repeat a direction. Saying it louder or repeating directions may be fruitless. In order to understand the direction, Arthur needs to have you model or demonstrate the task. This means you must adapt to the child's behavior. Concentrating on the child's needs rather than on the behavior may help *you* change.

Is a Change Justified?

Do you have a good reason for wanting to change the child's behavior? What is your educational reason for wanting to alter the behavior? In other words, make sure the behavior change is good for the child, not just more convenient for you and the class.

62 Lou is a child who has a hard time keeping still for long. Helping him learn to stay and work at the puzzle table is important, because he won't be able to learn the skills puzzles can teach him if he is running around the room. On the other hand, it's not important that Lou *sit* at the table. He may need to move around the table as he works on the puzzle, but he can still learn this way. There would be no educational reason for asking him to sit still.

Can You Think of Substitute Behavior?

What behavior do you want the child to substitute for the unacceptable behavior? One good way to help children change undesirable behavior is to teach them a good substitute. A child who is overactive can be taught to stay within reasonable space boundaries by using careful space cues. Make sure that the new behavior competes with the undesirable one. Margot can't sit on her mat and run around the room at the same time.

4. Pacing

Plan your day so that the activities are varied. Alternate between active and quiet activities, between organized projects and free play. Teach new skills by building on a child's strengths. Present a new skill first in familiar contexts, along with some skills the child already has. This lessens the child's uncertainty and frustration.

A child with learning disabilities is especially sensitive to the pace of the day. The child's attention span may need training and strengthening if he or she isn't used to preschool. If a child's attention span is short, make the activities short, too. You can lengthen them as the child learns to pay attention for longer stretches of time. Finally, there should be extra time available for a child who needs more than one turn to understand or to do something. Providing time for that extra turn or two can mean the difference between success and failure. Some children with learning disabilities may need extra time to settle down after recess or active games. Giving such children a minute or two to "switch channels" may prevent overflow energy from interfering with the next activity.

Lou needs to move around the table as he works on the puzzle.

5. Grouping

At home children with special needs are sometimes isolated from other children. One of the benefits of mainstreaming is that it offers these children the opportunity to play with other children and to learn a new skill by seeing someone else do it correctly. You can plan and organize your learning situations so that this interaction, called "peer modeling," can occur. In areas where a handicapped child is weak, another child (a peer) who has the skill can act as a model. Likewise, in areas where a handicapped child excels, he or she might be paired with a less skilled child.

Try very hard not to exclude a child with special needs from any activity, especially large-group activities. Exclusion means isolation, and isolation means feeling different and bad. To include the child, give extra assistance or change the expectations for the child. For example, if Gil has difficulty following directions, he will not do well in a game such as "Simon Says," in which following directions is very important. Try setting up two games and dividing the class into two equal groups. Gil can play in the game that places less emphasis on following directions. When time allows, work with Gil in a small group on following directions. Then later in the year he can join in "Simon Says."

Individualized teaching does not mean isolating a child. Rather, it involves changing expectations and/or modifying the activity so that other children can participate within the same learning situation.

6. Children Helping Children

We have already mentioned the benefit of using children as models for each other. This principle applies directly to using non-handicapped children to assist you in mainstreaming children with special needs. Your youngsters will probably be eager to serve as helpers. This experience has a bonus: it helps them develop positive attitudes about handicapped people, and encourages appropriate behaviors. Ways in which non-handicapped children can help in mainstreaming a handicapped child include:

- **helping a child with a spatial relations problem find the cubby area each day**
- **helping a confused child organize his or her materials by handing the child the scissors or the glue from the shelf**
- **assisting a poorly coordinated child during playground time by pushing him or her on the swing**
- **taking the hand of a child who has spatial relations problems when walking to the bus**
- **alerting a child whose attention wanders that it is time to go out to the playground**
- **repeating to a child verbal directions given by the teacher**
- **showing a child who has difficulty following directions what to do**

Peer helpers should be used often, and this includes using a handicapped child in areas where he or she excels. In this way, all the children will learn that they each have areas of strength and weakness. They will also learn that the need to receive help does not mean that they are failures, or are less worthy than those who offer help.

You may find that there is a non-handicapped child in your class who is unusually responsible and enjoys being a big brother or big sister to a child with learning problems. This is fine, but make sure that you are not relying so much on your helper that he or she becomes a substitute teacher, or does more for a learning disabled child than is needed.

7. Breaking Down Skills

Every skill is really composed of many sub-skills — there is no such thing as a one-step activity. Skills such as stringing beads, copying shapes from a model, walking on a balance beam, and listening to a story consist of many sub-skills.

Some children can master a new skill very quickly with little help from you. These are children who already know the sub-skills and can use them in performing the new skill. Handicapped children, however, don't have some of the sub-skills necessary, and need to be taught them before they can succeed at the overall activity.

For these children, you can break down the activity into sub-skills that can be learned at their current skill level. For example, if you want to teach Molly to ask for what she wants at the table at lunch time, you should make sure that she can name the different things she might have to ask for. You might cut out pictures of different foods and have the child learn their names first. Since breaking down skills into small parts is very important with learning disabled children, we cover it in detail in the activities section of this chapter.

8. Sequencing Activities

In addition to sequencing skills within an activity, sequence a series of activities. Start with simple activities and gradually increase the level of difficulty as a child learns. For example, an obstacle course can be designed to include two or three activities, such as walking on a balance beam, crawling through a tunnel, and climbing over a bench. After a child has mastered each of these steps, add a new activity to challenge the child, with a success factor built in. Be sure to demonstrate to a child how the skills learned in one activity can be used in others. A child with learning problems may need to repeat a sub-skill, a skill, or an activity several times with your help and several more times without it, before moving on to new activities at a more difficult level.

9. Physical Contact and Guidance

Use physical contact with a handicapped child to ensure safety, to provide guidance, and to limit space. Feel free to express your affectionate feelings with a pat or a hug. Guard against using physical contact to punish a child.

Physical contact is especially important for a child with learning problems, who may learn best by being "moved through" an activity one or more times, until independent participation is possible. Put your hand over Sandy's hand and show her the swirling movements of fingerpainting. Put the scissors in Barry's hand and put your hand over his, or use four-hole scissors (scissors for two people to use together) so that he can feel the motions of cutting with scissors.

Using physical guidance as you move Sandy through the motions of fingerpainting and as you help Barry with the scissors is a temporary technique that allows them to be successful on their own. In this sense, physical guidance is like training wheels on a two-wheel bike. The success children have with your help makes them more willing to try again, and the structured practice helps them learn more quickly. After a while, your help, just like the training wheels, will no longer be needed.

"I'll give you a push on the swing!"

10. Avoiding Over-Dependence

It is sometimes hard to be accurate and realistic about what children are capable of doing for themselves. In the case of many handicapped children, it is all too easy to assume that they are less capable than they really are. Seeing that they cannot do some things may make us think that they cannot do others.

Furthermore, some parents may have overprotected their handicapped child to make up for all the extra problems their child has to deal with. This means that some children may come to Head Start expecting that everything will be done for them, simply because this is what they are used to.

Overprotecting a child is a trap you don't have to get caught in. You have to ask yourself: "Is this really impossible for this child? Could the child do it alone with more time? Could the child do it with more help from me?" Think hard, and be honest. It is tempting to do things for a slow child because you can do them faster and better. But if you are always the one who cleans up after the child, chooses the activities for the child, or intervenes whenever the child is fighting with another child, the child won't have a chance to learn to handle these things. Asking such questions as, "What do *you* think the answer is?" may help a child depend on his or her own judgment, and to reason out a puzzling situation.

Being extra patient and giving extra encouragement to children who try to do things on their own will pay off many times in the future. You can help children think of themselves as able, not unable. When they grow up, they will be in the habit of expecting as much from themselves as they are really capable of.

11. Confidentiality

Making sure that confidential information stays confidential involves careful record keeping and watching what you say.

Project Head Start requires programs to institute careful procedures, "including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition" (OCD Transmittal Notice N-30-333-1-30, "Head Start Services to Handicapped Children," February 28, 1973, page 6). The Head Start Performance Standards also spell out procedures to guarantee confidentiality of records:

- **Records must be stored in a locked place where unauthorized people can't see them.**
- **The Head Start director must determine which staff members can see which parts of the records and for which reasons.**
- **Parents must fill out written consent forms to give anyone outside of Head Start permission to see the records.**

These procedures are designed to make sure that all records on a handicapped child and his or her family are seen only by the people who need to see them for legitimate educational or medical reasons.

Avoid copying down confidential information from the child's records. Limit the confidential information you do write down to what you need for working with the child.

You should not repeat confidential information about handicapped children or their parents, either to other parents or to staff members who are not working with the children. This is an invasion of the privacy to which handicapped children and their parents have a right.

If you need to share confidential information with another staff member to help him or her work better with the child, have your discussion in a private place and limit it to necessary information only.

Teachers have sometimes been embarrassed to find that their comments about a handicapped child's family have been repeated to the family. Parents of children with special needs can be sensitive about this issue, and understandably so. Be discreet about what you say — and to whom you say it.

Specific Teaching Techniques

This section suggests specific teaching techniques that you can use to help learning disabled children in your classroom learn better. All of these techniques will be helpful in working with children who have any of the behavioral and skill characteristics described in Chapters 2 and 3. It includes tips to keep in mind, the techniques of task analysis and behavior modification, how to handle transition times, and ways to help with language problems.

Tips to Keep in Mind

1. Make it simple

When you are explaining something to children who have language or auditory problems, make your directions simple. Use only a few words. Speak slowly and clearly. Be sure they are paying attention.

Show a child who has visual and/or motor problems how to do a particular task. Physically move the child through the task so that he or she begins to "feel" what to do. For example, if you are teaching how to draw a circle, put your hand over the child's hand and move the crayon in a circular motion.

Stand or sit close to a child with spatial relations problems during a task such as putting together a puzzle, so that you can help the child to judge relationships among the puzzle pieces. (But help only when needed!)

Reduce clutter and noise for children who are distractible or who have poor discrimination skills. If visual discrimination is a problem, use materials that are clear and plain, with bold lines, so that the child can recognize similarities and differences among the materials. Avoid materials that have confusing backgrounds or crowded pages.

2. Make it short

Some of the learning disabled children you work with will be very active. Some may be easily distracted or have difficulty following directions. It will be hard for them to sit and listen. When a child isn't paying attention, make sure that the activity isn't too hard. Most of us quit trying when we don't understand what to do. Children also have problems when the activity is too long, even when it is simple. Be sensitive to when a child has had enough.

3. Keep it organized

Help learning disabled children learn better by providing an environment that is structured and well organized. Plan each day so that it is balanced between quiet times and active times. Discuss the routine with the children. As you finish each activity, explain what comes next. You might even post a picture schedule to show the order and kinds of activities. Follow the same routine each day, so the children can anticipate the next activity.

It is particularly important that you give clear directions to children with language and/or auditory problems. Show the child how to do what you are describing.

4. Teach it

Non-handicapped children often seem to learn without being taught. They pick up lots of things they see around them and soon recognize and know them: colors, cars, rhymes, and numbers. But children with learning problems often have to be taught things that other children learn on their own. For example, most children learn simple concepts such as top without specific teaching. But some children must be carefully taught the difference between "the top of the table" and "the top of the desk."

When you notice that a child is having problems learning in particular areas, you will need to try different teaching approaches until you find one that works for that child.

Children who are distractible, who have a short attention span, or who have frequent conflicts with other children may occasionally need a quiet place to work. A small, screened-off area or another room can make learning easier for such children.

Children with auditory, language, motor, or cognitive problems can often learn better through demonstrations rather than through words. Don't just tell them how to do something; *show* them how.

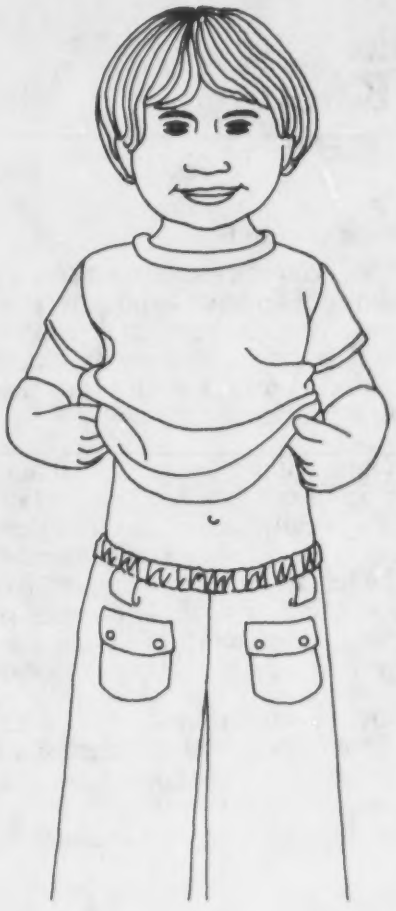
Give the children lots of practice. Repeat the same activity in the classroom and on the playground. Each time you do an activity, help the children remember when they did it before. (For example, "We are going to stay with our buddies just like we did during the last field trip to the fruit market.")

Point things out and describe them. For example: "Look at the big, soft pillow." "Lucy's jacket is blue." "Herman's jacket is brown."

Teach in small steps and don't go too fast. But expect a little more from the children each day. Remind them of their successes and encourage them to try their best.

Keep Experimenting

If you try all of the above techniques and a child is still having difficulty mastering the task at hand, keep experimenting until you find a way that works. There are countless ways of teaching, for example, a motor task. Some children can perform a motor task better if they talk their way through it as they are doing it: "First, I _____, then I _____." Others may need several demonstrations of a task, followed by being physically moved through it by someone. Analyzing the task will also help you to pinpoint those steps that are most troublesome for a child. Once the task has been broken down into steps, there are many ways you can try to teach each step until the child masters it.



Task Analysis

Task analysis is a teaching technique you may already know about. It is an extremely useful technique for working with children who are learning disabled. The technique calls for breaking a task (activity) down into small, sequential steps and teaching each step one at a time until the child can do the entire task. For example, if Steve is having trouble learning to put his T-shirt on, you can break the task down into the following smaller steps:

- Lay the shirt flat on a table with the label-side up and the bottom toward the child.
- Put both arms inside the shirt.
- Move both arms along the sides of the shirt to the armholes.
- Push arms through the armholes.
- Lift the shirt up so the neck hole is on top of the head.
- Pull the neck hole down over the head.
- Pull the bottom of the shirt down from the armpits to the chest.
- Pull the bottom of the shirt down from the chest to the waist.

When you consider how many motions it takes to put on a shirt, it's no wonder that some children find it a complicated task. Going through this type of analysis can help you be patient with a child, who knows perfectly well when a task is complicated!

Task analysis can be used to help children learn such skills as putting on a T-shirt.

Often the easiest way to teach most skills, including self-help skills, is to teach the *last* step *first*. The name of this technique is **backward chaining**. The satisfaction in doing something, either putting on a shirt or completing a puzzle, is greatest as the last step is finished. Backward chaining not only makes it more likely that children will succeed at doing something, it also lets them see the result of their effort immediately, and be pleased at their accomplishment. On the other hand, if you teach children how to put on a shirt, for example, by starting with the first step, they will have a long wait before the final successful moment. And some of them might not have the patience to wait that long for success.

Steve's teacher taught him how to put on his shirt using backward chaining. She first helped him get his shirt almost all the way on, but taught him to do the last step by himself — to pull the shirt down from his chest to his waist. As soon as he could do that, she congratulated him and taught him the next-to-last step — to pull it down from his armpits to his chest. Each time he learned a step, she congratulated him and taught him the one just before. This way, Steve got lots of practice, was successful, felt proud of himself, and learned to do more each day.

In using task analysis with learning disabled children, you may need to involve a variety of sensory modes (visual, auditory, motor, and so on), as you progress from step to step. For example, if Kathy doesn't understand when you say, "Put both arms inside the shirt," try using another sensory mode. Add the visual mode by demonstrating how to put both arms inside the shirt. If this fails, add Kathy's motor skills by putting your arms over hers and moving her through the task. By figuring out which sensory modes are easiest for a particular child, you can capitalize on the child's strengths as you go through each step of a task.

Behavior Modification

Behavior modification is a teaching technique that relies on an old principle: when we are rewarded for something we do, we are more likely to do it again. Psychologists call this **positive reinforcement.**

For example, if you tell Sasha that his shirt is beautiful, he is more likely to wear it again. If your supervisor tells you that you work well with children who are slow, you are likely to try even harder and to be willing to work with others who are slow. If, however, you are criticized for the way you managed a parent meeting, you are less likely to want to manage it again.

Rewarding children in your classroom for effort and accomplishment keeps them working and learning, according to the principles of behavior modification. You probably reward children in your classroom often and without special effort. For example, when they have worked very hard, you probably praise their efforts, smile, or give them a friendly pat. But what is rewarding and motivating for one child may not be rewarding and motivating for another. For some children, you may need to make a special effort to figure out what is most motivating to them. To do this, you have to get to know the individual child, and consider what you do that makes that child work harder and behave in desirable ways. Sometimes rewarding children for effort or accomplishment by allowing them to listen to a favorite record, giving them extra time to play with a favorite toy, or giving them the privilege of feeding the fish or watering the plants motivates them.

To motivate children, the reward must be something they want and must be given right after they make an effort or accomplish a task. While you want to give children time to practice what they have learned, you want to be sure that you encourage them to learn more. And to learn more, children need to do a little bit more or a little bit better.

On the other hand, when we are punished for something we do, such as being criticized for managing a parent meeting, the unpleasantness tends to make us want to stop doing it. Punishment, however, can have the opposite effect from what you intend. The attention from being scolded, for example, is a kind of positive reinforcement for children who don't get enough attention. They are therefore encouraged to repeat the undesirable behavior, not to stop it. This is why *ignoring* undesirable behavior (along with modeling the desirable behavior) sometimes works better than punishing children. Modeling involves describing the correct behavior of one child ("Billy is sitting on his mat so he'll be all ready to listen to the story") and then praising the other children when they exhibit that desired behavior. When children are no longer rewarded with a teacher's attention by scolding or criticizing them, they are less likely to continue the problem behavior.

Although punishment is not useful for changing most kinds of undesirable behavior, there are times when you have to stop a child, with a firm "no" or a gentle scolding, to protect the safety of the child or another child.

You will find that one good way to prevent dangerous or undesirable behavior is to teach children appropriate behavior instead. Of course, physical punishment in any form does not belong in a preschool classroom.

"Go on out to Ms. Olivera. We'll meet you in just a few minutes."

Handling Transition Times

The hardest times for many teachers and children are the transition times — the times between activities. For children with learning disabilities, these unstructured times can be disastrous. Learning disabled children have difficulty categorizing and structuring information because of problems in perception, integration, or attention. They need familiar stimuli as cues to aid their functioning and to enhance their feelings of security. Some learning disabled children cannot take in new stimuli and react as children typically do. They need more time to readjust and to establish new cues. Without careful management, transition time can become confusing for a learning disabled child, sometimes resulting in misbehavior. For example, if Maria has difficulty paying attention and knowing when to stop, an unstructured activity time could be very troubling to her.

When the children must all move from one area of the room to another, it helps to divide them into smaller groups. This cuts down on the milling around and sets a smoother tone for the next activity.

To prepare children for a change in activity, tell them a few minutes ahead of time that they will have to stop when the bell rings, when they hear music, or when the lights go off and on. This winding-down time is especially important for many learning disabled children. Marty, a learning disabled child, couldn't cope with sudden changes. If he was told to stop immediately, with no warning, he would throw himself onto the floor and bang his head. But when he was told a few minutes in advance that it was almost time to stop, he was able to shift gears and stop even his favorite activities without a tantrum.

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72 Helping with Language Problems

Children with learning problems may have difficulty talking and understanding speech. If the children in your class should be able to complete a five-piece puzzle but are unable to, you will do more than give them five-piece puzzles to practice on. You will teach them how to complete simpler puzzles. In the same way, children who have not yet learned the speech or language skills that other children have learned clearly need more help than just hearing people talk. If that were enough, they would have learned in the first place. The next few pages contain several suggestions for helping learning disabled children to communicate better.

1. Be a good listener

It is difficult to practice talking if there is no one listening to you. Children with a language problem need to be listened to and rewarded for trying to talk. It really helps them when they realize that adults will stop and listen seriously to what they are saying.

Sometimes children with speech problems are hard to understand. Usually, as you listen to them more and more, you begin to develop an ear for what they are saying. Parents can often help you understand their children. You might ask them for help.

It is also important that you help the other children in the class understand what a child is saying. It often happens, however, that the children understand the child better than you do at first!

2. Talk about what you are doing

Children's earliest speech is about the present — what is happening now. While you are doing something with the children, talk about it. For example, if you were doing creative movement with the children, you might make comments such as these:

> Now it's time to sit in the circle. Let's shake our hands. Joey is shaking his hands this way. Who has a new way? Jeannie is shaking her hands up and down. Let's all do it and say "Up and down."

3. Give directions simply

Children with language problems sometimes don't do what you ask them to do because they don't understand what you want. Help them learn to follow directions by taking the following steps:

- Get their attention.
- Talk to them in language that is appropriate to their level of language development. Children tend to understand more than they can say. For example, if the children speak in two- or three-word sentences, tell them what to do in three- or four-word sentences.
- While you are talking, use pictures or motions to show them what to do. If they still don't understand, take them through the directions step by step, using your hands to move their bodies.

4. Use what the children already know

It is easiest to learn something new if it is paired with something familiar when you teach it. For example, Gita has trouble finding the right word at the right time. You know that she has a special interest in the woodworking area and has learned the names of the tools through association. For example, if you ask her "What do you pound with?" Gita may reply "hammer." Then you can say "Right! You pound with a hammer." Help a child develop associations in an interesting and familiar area to facilitate the child's overall language development.

5. Repeat words correctly

Repeating what children say with a correction is called "modeling." It allows children to hear the right way of saying something without making a big deal about their mistakes. If Merry says "I did painted today" you can reply "You did a painting today? How nice!"

6. Expand on what children say

Expansion is like modeling, because it also involves repeating what a child has said. But instead of just saying what the children have said, you add something more — you "expand" the phrase. This not only shows them that you understand what they have said, it also suggests new information they might add. When Paul says "I goed to the beach yesterday," you might say "That's right, you went to the beach yesterday with your mother and brother."

7. Get the children talking

Many learning disabled children with language and speech problems don't talk unless they are encouraged to do so. It is sometimes hard to talk very much to children who don't answer very much. But in order to speed up their speech and language development, it is important to get these children talking, to keep them talking, and to listen to them. The following suggestions may help these children talk more.

- Talk to the children while they are doing something. They are more likely to talk when their hands are busy.
- Encourage the children to bring in special things from home, and give them time to share them with the rest of the class.
- Encourage the children to talk about how they feel. Being able to tell a friend that you are angry may cut down on the need to hit your friend. In the same way, being able to say "I like you" has its special rewards.

- Let the children do as many different things in the classroom as possible. It gives them more to talk about.
- Teach the children how to give important information, such as their names and addresses. They will probably have to learn such information bit by bit.
- Teach the children a short rhyme or song they can perform for others. Being able to put on a show can really build children's confidence in their speaking ability.
- Include activities and words that are meaningful to the children. They have all heard the word picture but they may never have heard of "photograph."
- Ask the children open-ended rather than yes/no questions. Asking "What are you going to do during free play time?" is better than asking "Are you going to play in the sand now?" Even for children whose choices *have* to be limited, you can build in choice as well as language. For example, say "Are you going to play with the blocks or in the house?"
- Listen when a child talks. Few people talk for very long if no one wants to listen to them.

Activities

Like all preschoolers, children who are learning disabled need experience and practice in the following skill areas:

- **self-help**
- **gross motor**
- **fine motor**
- **communication**
- **visual**
- **auditory**
- **cognitive**
- **social.**

Many of these skills lay the foundation for future success in academic learning, as well as for success in preacademic learning in Head Start. A child's attitude toward preschool and learning is closely related to his or her success in learning these basic skills. Through observation and assessment, you can obtain information about how the child is functioning in each skill area listed. This information can help you to individualize instruction to help that child in areas that are difficult for him or her.

The next few pages list by skill area examples of activities that you can use to help a child improve his or her performance in these specific skills. The lists are followed by some routine Head Start activities that can be used to teach skills.

Self-Help Skills and Self-Concept

Self-help skills are those that enable children to take care of themselves in areas such as dressing, eating, and personal hygiene. Success in these areas can help to form a foundation for a positive self-concept. Self-help skills and the development of a positive self-concept can be promoted in activities such as:

1. House-keeping corner activities
2. Dress-up play, dressing dolls
3. Cooking activities
4. Snack, including preparation and cleanup
5. Buttoning, snapping, and lacing clothes
6. Body image activities, such as tracing children's bodies on paper
7. Drawing self-portraits
8. Making **My Book About Me.**

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Gross Motor Skills

Gross motor skills involve the large muscles used to move the arms, legs, torso, hands, and feet. These skills can be improved in activities such as:

1. Balance beam or walking board activities. (For example, draw a line on the floor with masking tape. The children can pretend they are circus performers walking the tightrope.)
2. Crawling through tunnels. (Large packing boxes with both ends open make great tunnels.)
3. Climbing activities
4. Jumping, hopping, and skipping games
5. Walking on tip-toes
6. Throwing, kicking, and lifting things
7. Movement games like the "Hokie-Pokie," "Twister," "Head, Shoulders, Knees, and Toes"
8. Obstacle course
9. "Simon Says"
10. Music activities that involve marching and clapping
11. Movement exploration activities, like rolling down a hill in the park.

Fine Motor Skills

Fine motor skills involve the small muscles used to move the fingers and wrists. These skills can be improved in activities such as:

1. Puzzles, games, and manipulative activities
2. Peg board and form board activities
3. Buttoning, lacing, and snapping clothes
4. Stringing and sorting beads
5. Cutting and pasting tasks
6. Coloring
7. Tracing
8. Stencil and template activities
9. Dot-to-dot exercises
10. Copying tasks — horizontal and vertical lines, and circles
11. Hanging clothespins on a clothesline.

Communication Skills

Communication skills include receptive language and expressive language. Receptive language is the ability to understand what is heard, and expressive language is the ability to express yourself using words. Both receptive and expressive skills can be improved by using the activities listed below. In a naming activity, for example, if you want to concentrate on receptive language, you can do most of the talking. If you say to a child "Find the yellow truck," the child can indicate that he or she understands, by pointing at the yellow truck. If, on the other hand, you want to concentrate on expressive language, let the child do most of the talking. You can tell the child, "Find the yellow truck." Then ask the child to *tell* you where he or she found it.

1. Naming activities. ("Find the _____.")
2. Matching spoken words with pictures
3. Describing exercises using pictures or objects as cues. ("Tell me about the _____.")
4. Describing exercises using pictures in a series. ("Tell me a story using these pictures.")
5. Circle-time activities such as "Show and Tell."
6. Games that call for following directions, such as "Simon Says"
7. Sentence completion games. ("I eat with a _____. I draw with a _____. You are wearing a _____ dress.")
8. Imitation games like "Say What I Say" or "Do What I Do." (You might have children imitate movements of the tongue or lips for actions such as blowing.)
9. Puppet play
10. Acting games (dramatizations)
11. "What Did We See" activities, to follow a field trip.

78 Visual Skills

Visual skills include discrimination, tracking, memory, and visual motor integration. Visual discrimination is the ability to look at objects or pictures and recognize whether they are alike or different. Visual tracking (following something with the eyes) involves focusing the eyes on one point and moving them rhythmically from side to side, up or down, or diagonally. The next sub-skill, visual memory, is the ability to remember for even a short period of time something you have seen. The last sub-skill, visual-motor integration, is the ability to coordinate vision with the movements of the body or of parts of the body (for example, eye-hand coordination).

Visual discrimination, tracking, memory, and visual-motor integration skills can be improved in the activities listed below. Depending on how you structure the activity, you can emphasize any one of these sub-skills. The first activity (matching blocks by color) will involve visual discrimination no matter how you structure it. If you want to build in visual tracking, you can line up the blocks in a long row so that the child will have to focus on one block and move his or her eyes from side to side to find blocks that are the same color. To turn this into a visual memory activity, you can show a child two blocks, conceal them, and then ask the child to look at a row of four blocks to pick out two that are the same color as the ones you are hiding. To use the matching activity to concentrate on visual-motor skills, show the child a piece of paper with squares drawn in the same size and color as the blocks. Have the child place each block on the appropriate square.

1. Matching blocks by color, or line drawings by simple shapes
2. Placing forms in a form board
3. Sorting activities
4. Hiding activities. (For example, have children find objects in the classroom and/or in pictures. Then hide these objects so that they are still partially visible, and ask the children to find them again.)
5. Discrimination activities using pictures, geometric shapes, and textured materials
6. Field trips, such as a walk in a park. (When children see a bird they can look for the size, color, the type of beak, the type of feathers.)
7. Remembering what was seen on a field trip for discussion
8. Tracking exercises. (For example, have the children follow a pointer or flashlight as you move it up, down, left, and right.)
9. Memory games using objects that look and feel different
10. Visual-motor integration activities. (See the activities listed under "Fine Motor Skills," page 76.)

Auditory Skills

Auditory skills include the sub-skills of discrimination, memory, and localization. Auditory discrimination is the ability to tell the difference between sounds. Auditory memory is the ability to remember what you hear for even a short period of time. Localization is the ability to locate where a sound is coming from.

These skills can be improved in the activities listed below. Again, depending on how you structure the activities you can use them to teach any of these sub-skills. For example, if you concentrate on asking a child to tell you which sounds are the same and which are different, you are teaching auditory discrimination. If you ask the child to tell you where in the room different sounds are coming from, you are emphasizing localization. If you have the child listen to three different everyday sounds and then ask him or her which sound came first, you are helping the child to practice auditory memory.

1. Recognition, discrimination, and localization activities using everyday sounds such as water running, doors shutting, dogs barking. ("Can you recognize these sounds?" "Tell me which sounds are the same and which are different." "Where are the sounds coming from?")
2. Using musical instruments to teach sound discrimination and localization: high notes, low notes, short sounds, long sounds
3. Guessing games using the voices of adults and children. ("Can you guess who's talking?" "Where in the room are they?")
4. Discrimination exercises using tapes and records.
5. Remembering games with child blindfolded. ("How many times did I clap?") Remembering games with two, three, or four instructions. ("Pick up the blue book, put it on the table, and open the door.")
6. Sentence completion games. ("What did you hear at the circus? What did you hear first? Next?")
7. Learning the words to songs
8. Games that call for following directions, such as "Simon Says," or obstacle course
9. Games that call for auditory memory, such as "Pass the Secret" or "Telephone"
10. Remembering what was heard on the field trip.

"Tell me if the next two sounds you hear are the same or different."

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Cognitive Skills

Cognitive skills are those that relate to how children understand and organize their world. They include reasoning, storing and remembering information, recognizing relationships and differences, classifying things, comparing and contrasting, problem solving, and more. Language skills and cognitive skills overlap each other.

Cognitive skills can be improved in activities such as:

1. Adjective concept games. ("Find the **big** truck. Point to the **long** table.")
2. Picture identification games using action words. ("Find the picture with the girl **sitting**. Find the one with the girl **running**.")
3. Picture identification games using prepositions. ("Find the picture with the ball **on** the table. Find the one with the ball **under** the table.")
4. Color concept activities such as matching and sorting by color
5. Puzzles and form boards
6. Number concept games such as matching numbers, counting objects, naming numbers, and matching numbers to groups of objects
7. Activities for matching, sorting, and selecting colors, numbers, or pictures
8. Sequencing games using picture cards
9. Science activities to teach general information. (For example, teaching children about the different forms of water: steam, liquid, ice.)
10. Water play to learn about such concepts as buoyancy (whether things float or sink).

Social Skills

Social skills are those involved in interacting and getting along with others, and forming relationships with other children and adults. Social skills involve learning to communicate, understand, and get along with others. Social skills can be improved in activities such as:

1. Story reading
2. Snack
3. Group playground activities
4. Cooking with a group
5. Group music games, such as singing and moving to music
6. Circle time
7. Participating in preparation and cleanup for daily activities
8. Pretending games, such as playing house and dress-up
9. Water play and sand play
10. Field trips.

The next section shows how the teaching techniques discussed on pages 67-74 and the activities listed by skill area can be integrated into a few typical Head Start activities.

Games, Puzzles, and Manipulative Activities

These activities include peg boards, picture cards, tinker toys, and stencils. Such activities can help children improve their:

- **visual discrimination**
- **fine motor coordination**
- **eye-hand coordination**
- **understanding of spatial relationships**
- **ability to follow a sequence (order of steps involved in task)**
- **ability to follow directions.**

Preparation

Although these activities are generally done independently by one child or by a small group of children, some special preparation can be helpful. Materials should be carefully boxed or arranged in clearly designated areas on low shelves. (Some materials may have to be stored out of children's reach, such as games with small parts that could easily be lost.) Provide an assortment of materials. You might have one shelf area for "hard" games that need a teacher's help, one for "easy" things to do alone, and a "special shelf" for new materials. Make these differences clear so that the children can develop independence in making their choices. Remove things from the shelves ahead of time if they are too difficult for a child who will be in that area, or if you know that you will not have enough help that day to supervise the children properly.

Conducting the Activities

1. If you have prepared well, the children should be able to do the activities with little supervision.
2. Keep an eye on what the children are doing. Make a suggestion to a child who is having trouble choosing an activity.
3. If there are materials that a particular child must work on, put them in a special cardboard box labeled with the child's name. Then remind the child when it's time for that activity, and help him or her get started.
4. Use whatever teaching techniques seem necessary to help a child who is having difficulty. For example, verbally describe the steps to the child, demonstrate exactly the motions to go through, and, if necessary, move the child's hands through the necessary steps to complete the activity.
5. Be patient with a child who seemingly cannot learn from your suggestions. He or she may need a longer period of trial and error.

4

Tips

Take time to observe the child's style of approaching activities and his or her activity preferences. Such observations can help you to decide what kind of assistance the child may need.

If a child is having trouble discriminating between puzzle pieces, shapes, and so on, encourage him or her to touch and feel the pieces.

If a child is particularly distractible, he or she may need a separate work space, an area free from distracting objects, a table that is free of other materials.

If a child is reluctant to leave an activity that he or she has mastered, try to interest the child in a new or different activity. Give guidance and reassurance as necessary.

For an aimless or restless child, structure time by using a timer. Make it clear what the activity is and how much time can be allotted to it.

Story Reading

Story reading activities can help children improve their:

- **ability to pay attention**
- **listening skills**
- **speech development (pointing to pictures, naming pictures)**
- **language development (understanding the story, learning new words)**
- **ability to sequence (retelling the story)**
- **memory and recall (reviewing familiar or similar experiences)**
- **social skills**
- **ability to express feelings and ideas.**

Preparation

Plan ahead of time which book you are going to read. In selecting a story, consider what concepts can be taught, what new words can be learned, or what memory and speech skills can be taught. Try to find a story that ties in with something else you have been doing or are going to do that day in the classroom. For example, if someone is bringing a pet turtle to school, you may want to read Dr. Seuss's Yertle the Turtle. Big, bright, colorful pictures, pop-up illustrations, and touchable books will help a child with learning problems stay interested and tuned in.

Conducting the Activity

1. Prepare the children for a quiet activity by helping the children relax (talk softly, play quiet music, and so on).
2. Let the children get comfortable on mats, pillows, or rugs. Make sure that everyone can see the book and pictures.
3. Tell the children a little about the story and what to watch for.
4. Read the story using different voices for different characters. Vary the loudness and softness of your voice. Change the speed a little, but don't read so fast that children can't follow.
5. Show the pictures as you go along, giving children time to look, touch, and feel the illustrations.
6. Let children comment on the story.
7. Tie the story back into the classroom activities.

Tips

There are many opportunities for building cognitive and communication skills through the use of interesting stories and follow-up discussions. Stimulate the children's thinking with questions like the following:

"How would you have felt if . . .?"

"What do you think the Fairy Godmother meant when she said . . .?"

"How else could Johnny have helped . . .?"

"When did the three bears realize . . .?"

"Who found . . .?"

People listen in all kinds of positions. It's okay if a child wants to lean on you, lie down, or listen from under the table.

If a child wanders away, don't make a big deal about it. You may want to draw the child back by asking him or her to point to something. Or you can have the child help you turn pages.

Use short stories. Children especially like rhyming words and nonsense sounds in rhythm.

Many teachers find it helpful to make up a story for a child who has a particular worry. Often it helps to change the sex or age of the story character so that the experience does not seem so personal to the child. You may find that the child wants to hear a particular story or detail of a story over and over. ("Tell about when it got dark.") Such a story is worth writing down for the child to keep.

Snack Time

Snack time activities can help children improve their:

- **speech and language development (naming foods, asking for what they want)**
- **ability to use various senses (tasting, smelling, and discovering different textures of food)**
- **social skills**
- **fine motor coordination (grasping utensils, eye-hand coordination)**
- **cognitive skills (learning about different food groups, quantity, and so on)**
- **self-help skills (setting the table, serving food, clearing the table, and table manners).**

Preparation

Have the snack, plates, glasses, napkins, and anything else you need clean and ready. Allow children to take turns setting the table, passing the snack, and cleaning up. Show the child with learning problems how to do each task and give help when needed. Have snack at the same time every day so that children can anticipate it. If there is something that is hard to portion out (like raisins or peanuts), divide them ahead of time and give each child a small paper cup full.

Conducting the Activity

1. Develop a pattern for mealtime.
2. Family style meal service allows children to develop independence in serving and to learn average food portions.
3. Use snack time as a social time to share, talk, and take turns.
4. Use snack time to encourage self-feeding skills for children who are just learning to eat independently.
5. Use a routine for cleanup.

Tips

Set the rules about "seconds" first.

If necessary, show a child how to pour and pick up plates to avoid spills and crashes.

Have a sponge ready for those accidental spills.

Some children have special worries about routines like snack. Be reliable: provide food when you say you will, remain seated if you promised that you would, and see that each child gets his or her fair share.

For the child who is constantly worried about enough food to go around, it may be helpful to allow him or her to sit near you or the person in charge of, for example, the juice pitcher. It may also be helpful to let this child know in advance that "seconds" are available or that there is a *limit* on cookies.

Snack is a good time to teach all kinds of concepts. Talk about colors of different juices, of cups and pitchers. Begin teaching number concepts (how many cups, how many napkins) and begin to apply what the children may know about numbers and sets.

Snack is a good time to teach manners (such as "May I please . . .?").

Chapter 5:

Parents and Teachers as Partners

5

Working together, parents and teachers can find ways to build a child's self-confidence and competence.

86 ***One of Head Start's unique achievements has been the involvement of parents in the education of their children. Parents are the primary educators of their children, and their involvement is the cornerstone of a successful Head Start program. This partnership is even more important in the education of a child who is handicapped, for the following reasons:***

- ***Parents may know their children's strengths, needs, and limitations better than anyone else. They can help a teacher understand and plan for their child.***
- ***A joint family/teacher effort is essential for developing the best program for a child and for ensuring that the child will benefit as much as possible from the Head Start experience.***
- ***Head Start may be the first preschool experience the child and parents will participate in. Making it a successful experience will have positive effects on the child's school years to come.***

Parents as Decision-Makers

Head Start has always considered parents important decision-makers for their child, because they are the main influence on the child's development. They need to reinforce what you are teaching in preschool if maximum progress is to be made. Changes in a child that come about through your efforts, the efforts of specialists who provide services, and the experience of mainstreaming all affect parents. For all these reasons, it is important that the parents participate directly in what you are trying to accomplish with the child in the program. They should decide with you what and how you teach their child, and what efforts they will make at home. They *should* participate in decisions involving formal assessment and diagnosis of their child, and selection and arrangements for any special services that are needed. They *should* be a part of any decisions that are made as a result of assessments of their child's progress.

One of the major areas in which parents are needed as decision-makers is in the development of an individualized education plan for their child. This plan is a written statement developed in meetings of the diagnostic team, the parents, and the teacher. It spells out the educational goals for the child, the activities that will take place in the classroom, the involvement of parents, the special services that will be provided by other agencies, and details of the evaluation procedure. Parental consent is required by law at two points: to give permission for the diagnostic process to take place, and to give permission to put into effect the individualized education plan that has been developed for the child. This requirement is intended to guarantee that parents have their rightful say in the education of their child.

The rest of this chapter discusses specific ways in which parents can help in the education of their child, and provides guidelines for teachers in working with the parents of children who are handicapped.

What Parents Can Do

Helping Your Child

As parents, you are the first and most important educators of your child. You can help in your child's education in a number of ways, both at home and in the classroom. You might begin by taking the following steps:

1. Get to know your child's teacher. Give him or her a realistic idea of how much you can do. Take into consideration the amount of extra time you can afford to spend working with your child, as well as how much time you would like to spend. Discuss with the teacher ways you can organize routine home events so that your child is engaged in constructive activities, even when you are not directly participating with your child.

2. Recognize that you have a tremendous influence on the growth and development of your child. What you do *does* make a difference. Try to participate in your child's learning as much as possible.

3. Seek guidance from your child's teacher if you are not certain how to use everyday events at home as learning experiences for your child. The teacher may be able to suggest specific activities you can do with your child to help him or her build necessary skills.

4. Join a parents' group such as a local chapter of the Association for Children with Learning Disabilities (ACLD). Learning from other parents can be a tremendous help in working with your child.

5. Build on Head Start's firm commitment to a partnership with parents. You aren't alone in your efforts to help your child. You now have partners who can help promote the well-being and development of your child: the teacher, other staff members in the program, and agencies and public school resources in the community.

This section discusses how to prepare your child for the Head Start program, some things you may find helpful to discuss with the child's teacher, and how to use everyday events in the home to foster your child's development.

5

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Preparing Your Child

You can help both your child and the program staff by preparing the child for the Head Start program. Just before the start of class, bring your child to the Head Start center. Introduce yourself and the child to the teacher and other staff members. Encourage your child to explore the classroom and to play with some of the materials. Try to make sure that the child has a good time during this visit.

Some children are frightened at first about leaving home. You and the teacher may want to discuss whether it would be helpful to your child if you remain in the classroom during the first few days. At some point your child will have to feel comfortable in the classroom without your being there. This takes more time for some children than for others.

A little bit of home at preschool and a little bit of preschool at home go a long way toward helping children feel comfortable and secure. Perhaps at home you can hang some pictures your child did at school. Or your youngster could be sent to class with a favorite toy or familiar object from home, to increase his or her feelings of security.

Try to have your child arrive in class on time. Let the teacher know of important events at home that might influence the child's behavior in class. These special events may be happy times (such as birthdays, a family visitor, or a trip), or unhappy times (such as death, illness, or disruption in the family routine).

Understanding Skill Areas

You may feel that you need help from the teacher in understanding the skill areas — such as language skills, motor skills, social skills, self-help skills — that your child has serious weaknesses in. Don't hesitate to approach the teacher for this help, or for help in figuring out ways to use daily home activities to help build on the child's strengths and work on the child's problems.

Try to talk frequently with the teacher in terms of specific skills. Exchange suggestions. If your child is living with both parents, both of you should try to get involved in conferences and conversations. Each parent may have a different perspective.

Ask to see for yourself what the teacher does and how he or she does it in the classroom. You might even want to try practicing skills with your child in the classroom. Sometimes it is better for you to work with a child other than your own. But in either case it will give you practice and an opportunity to exchange ideas with the teacher.

Describe to the teacher an average day at home, in order to learn how you can use these everyday events to work on the skills your child is having problems with.

"When I'm done peeling the carrots, then what can I do?"

Additional Effort

All young children learn by having different experiences and by trying things out. This means that your child needs to be involved as much as possible in daily activities at home, just like other children. If it's good for a non-handicapped child to help prepare dinner, then it's good for a learning disabled child. Tasks such as peeling and cutting carrots or mixing the cooky dough provide practice in fine motor and visual-motor skills. Any activity the child can be involved in can go a long way toward helping him or her build self-confidence and competence.

You will probably have to make some additional effort to help your child become actively involved in daily events. Work out with the teacher what you can realistically do, but recognize that extra effort is necessary.

Home Activities

Activities at home should be as enjoyable as possible for the child and for the family. Don't overburden yourself or your child. Ask the teacher to suggest things that can *easily* be built into the daily routine. If the suggestions are very hard to carry out, they may not get done.

On the other hand, if you are willing to take a more active teaching role at home, ask for extra suggestions for things you can do. Talk with the teacher about what you like to do with your child and about what the child likes to do at home. Those activities can all be learning opportunities.

If you would like some specific activities to do at home with your child, look over the activities suggested in Chapter 4 for building particular skills. Remember, however, that you need not be a formal teacher for your child. Often the best way to help your child is to be loving and helpful, and to use the daily routine as a way to teach the child.

90 **1. Using the Daily Routine**

All of the things that you do at home can be used to help a child with special needs learn more about the world. For example, you can describe what you're doing when you set the table, make the bed, or water the plants. You can point out and name colors in the house and outside. You can name your child's pieces of clothing. You can give the child simple chores, like putting the napkins by each plate, passing the cookies, putting clothes in the laundry basket. Don't expect the job to be done perfectly the first time, or even the second. With patience and affection you can help your child improve.

Be consistent in what you ask your child to do. If it is reasonable to expect a child to hang pajamas on a hook in the morning, then you should expect the child to do this every morning.

Expensive toys or materials aren't needed to help children learn. The kinds of things that are in all homes — pots and pans, socks, spoons, and magazine pictures — are all good teaching aids. Pots and pans can be used as rhythm instruments, can be stacked or nested, or can be sorted. Socks can be matched by color, counted, and folded together. Pictures can be named, or used to tell stories.

Most handicapped children need more, not less, stimulation from people around them. A good and simple way to achieve this is for you and other members of the family to talk to the child about what you're doing as you do it, and to listen to and encourage your child to talk. It is very important to talk and listen to a learning disabled child.

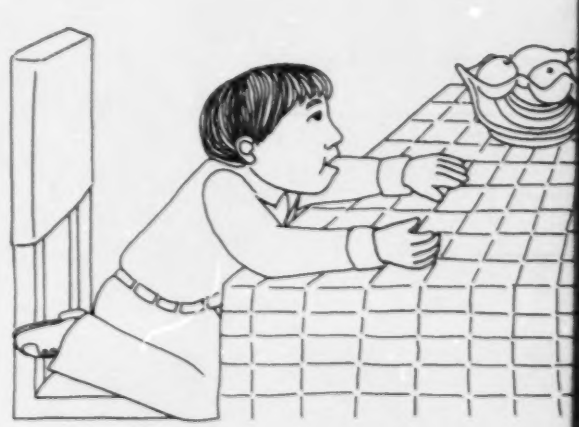
Confusion and failure can result if you shower the child with too many activities. As you work with your child, you will recognize when the child has had enough. You can help the teachers recognize this limit, too.

2. Fostering Independence

Help your child become as independent as possible. It's tempting for all of us to do things for children that they could do on their own, since we do them faster and better. But it is very important for handicapped children to learn to do as much as they can by themselves. Independence helps children feel good about themselves and improves their ability to get along with others.

If your child has clumsy or uncoordinated body movements, you may worry that he or she could get hurt by all that tripping and falling. You may even feel that you should put the child in a playpen or crib to protect him or her from bumps and bruises. Doing so, however, is a disservice to your child, who learns best about the world by exploring it firsthand. You might ask the teacher to suggest how to "childproof" your home so that exploration is less dangerous for a child who isn't too steady on his or her feet.

"... And then we went to the place in the park where the playground is ..."



3. Praise and Encouragement

We all benefit from honest praise — children as well as adults. Praise program staff honestly for their efforts with your child, and ask them for feedback on your work with the child. Remember also to praise your child's achievements. For some children, even small tasks can take a lot of time to master. Every achievement — from learning to sit still to managing to eat independently — represents real progress and deserves real praise.

Also, praise the child for trying, even if failure or mistakes result. Continued effort is essential for children with special needs, who have many obstacles to overcome. Repeated, steady praise will help the child to keep on trying.

It is important, however, that your praise be honest, and that your child has done something to earn it. Children with learning disabilities, just like other children, are very good at recognizing insincerity. If you praise your child at times when he or she has not been trying or has not mastered something, the youngster will be confused and will not understand what your expectations are.

Ask the teacher to share assessment or evaluation results with you. Everyone involved should understand how the child is functioning and share pleasure at the child's progress.

What Teachers Can Do

Guidelines for a Partnership with Parents

Parents of children with special needs are as concerned about their children as any other parents, if not more so. You may want to keep in mind the suggestions below as you talk with parents.

1. Establish and Maintain Contact

Describe the Head Start program in detail, and invite the parents to observe and participate in the classroom. Work out the child's educational goals in conference with them. Review the child's short- and long-term objectives with them at least every three months, or whenever needed.

Although at least two home visits a year are required in Head Start programs for all children, you may need to make more visits if a child is handicapped. Maintain contact with the parents as often as you can. Visits, phone calls, notes, and sending children's projects home with them can help parents see the skills their child is learning. As with any child, don't contact parents only when there is a problem. Ask yourself, as often as you have time, "What did the child do today or this week that shows some progress or enjoyment? How can I find time to tell the parent, along with everything else I need to do?"

Some teachers and parents send a notebook back and forth each day or so. Teachers write a short note and send it home. Parents write one back for the child to take to preschool the next day.

92 **2. Know the Family's Limits**

Everyone has a personal limit on how much he or she can do for a child at home or in the classroom. Get to know families well enough to understand these limits. Make sure that the suggestions you give them for working with their child can easily be included into their daily routine. For example, ask parents to talk to their child as they help him or her dress, to name the foods the child is eating, and to give the child simple things to do (like putting a spoon by each plate). Encourage parents to visit and participate in your classroom as much as they can.

3. Focus on the Child's Education

Families of handicapped children may have all kinds of feelings about having a handicapped child. Some may feel angry, some guilty, and some embarrassed. Some may feel that they have a special responsibility to protect their child from all problems and frustrations, and they may expect much less from the child than he or she is really capable of. They may need the help of a counselor, a social worker, or a psychologist in learning to accept and deal with these feelings.

While you can be supportive and sympathetic, you haven't been trained to be a social worker and should not try to take that role. Suggest to these parents that they talk to people who can help them work through their feelings, if you feel they need it. Your main role is to be the teacher of the child. You should concentrate on the child's education and development.

4. Recognize and Deal with Your Feelings

Be aware and honest with yourself about your own feelings toward a handicapped child and his or her family. Negative feelings, such as blame, anger, sorrow, nervousness, and fear, are understandable. Getting to know the child and the family helps to reduce some of these negative feelings.

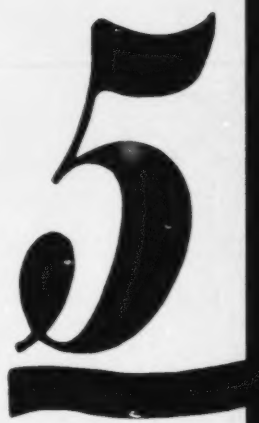
Think positively about children with special needs. Focus on what they can do, not on what they can't currently do. Help the parents see their child as someone who can grow, learn, and improve, no matter how severely handicapped. Most of us feel better about ourselves when people look at our strengths rather than our weaknesses.

5. Be Reassuring, but Be Honest

Parents may be worried and upset when their child is about to be evaluated for the first time, or re-evaluated. At such a time, it might be tempting for you to tell them not to worry, and to tell them that everything will be fine. It is natural for you to want to soothe their anxiety. However, you shouldn't tell them these things because in fact you don't know if things really *will* be fine. A false sense of confidence can be hurtful. Be reassuring, be calm, be understanding — but be truthful.

Parents may ask you questions about the child's problems that you can't answer: "What's wrong with my child?" "Will my child be able to pay attention and learn like other children by the end of the year?" Don't be afraid to say that you don't know the answers, but help parents find someone with whom they can discuss their concerns. Your social services personnel should be able to help you find people who can answer some questions. The answers to other questions, such as "What will my child be able to do when he grows up?" are often uncertain and complicated. Beware of people who have easy answers.

Some parents need reassurance and evidence that they can help their child. Help them see the many things that they already do that help their children.



"Would you like to show your Mom and Dad your favorite toys?"

Concerns of Parents

Parents of Children with Special Needs

Parents of handicapped youngsters often have special concerns. In general, it is wise for you to wait until they bring up these problems, rather than to suggest what the problems might be. Otherwise, you could be creating a problem that they have never felt.

Reading about some of the concerns that parents of children with handicaps often have should help you understand what some parents mean when they hint at a concern without actually saying it.

Enrollment in a Mainstream Classroom

Parents may worry that their child will not fit into the Head Start program. You may need to reassure the family that you want the child in your classroom, and that you believe the child will enjoy and learn from your classroom. Invite the parents to watch and listen to what is going on — let them see for themselves how their child plays with and works with the other children and with you.

Acceptance by Other Children

Parents are sometimes concerned that their child will not be liked and accepted, and that other children may be cruel and tease their child.

You can reassure them that preschool-aged children's outlook on differences is usually very positive and refreshing. You can also tell them that you do not allow teasing or bullying of *any* child in your classroom, and that you will deal with it firmly if it should happen.

Of course, some children just don't get along well with others, but this is not a problem that is limited to children with special needs. It is not a reason for a child to avoid the classroom, any more than it is a reason for a child to avoid the rest of the world. You can tell parents that managing these situations, when and if they arise, is a normal part of your job.

Throughout the year, keep the parents as informed as you can about how their child is getting along with the other children. If they would like to get a feeling for the atmosphere themselves, you can invite them to visit the classroom. If problems do arise, you may want to ask the parents how they handle these situations at home. What do the parents do to help their child play with brothers and sisters or with neighborhood children?

You have developed a number of techniques for helping children cooperate and get along in your classroom. You will probably find that these techniques are just as useful for a child with special needs.

Teacher's Time

Assure the parents of a handicapped child that you will have time for their youngster. Describe to them what you will be doing with their child and explain that you will have your aide, volunteers, and other staff members to help you. Discuss also any outside assistance the child will be getting.

The Future

Parents may worry that their child will not make progress in your program. You can asssure them that there are many things that you can teach their child, and that their child will also learn a lot from the other children in the class, too. But be careful not to offer the parents false hopes. Make it clear that you can't make long-range predictions about how far the child will progress in the future, but that you will help the child learn as much as he or she can in Head Start. Be honest when you describe the skill areas you are working on with their child, and keep them well informed of their child's progress. Ask the family, in turn, to tell you how the child is progressing at home.

As with non-handicapped children, if you genuinely like a child, and if you and other staff members in your program have worked out a sensible plan to meet the child's needs and stimulate his or her development, you have a solid basis for developing a real partnership with the parents. While parents of handicapped youngsters have some concerns that are different from the concerns of other parents, you can use the same skills and ways of working with them that you have already developed in your conversations and personal contacts with other parents.

96 Parents of Non-Handicapped Children

Many Head Start programs have children with handicaps in their classes. Generally, parents of non-handicapped children in a mainstream classroom have no strong concerns about the presence of a child with special needs in the class. If the parents of a non-handicapped child are concerned, invite them to come to your classroom to see for themselves. This will show them that a handicapped child is first and foremost a child and an individual, like their own child. Visiting your mainstream classroom will help dispel incorrect ideas parents may have about a handicapped child whom they have never met.

If some parents express a concern that their child will pick up undesirable behavior from handicapped children, you can explain to them that it is normal for children to copy the behavior of other children — this is one of the ways they learn. However, undesirable behavior tends to be outgrown quickly, once it has been tested and met with disapproval.

If parents would like to talk to their child about handicaps, you might suggest that they do this in a factual, non-emotional way. If the parents are concerned that you won't have enough time for their non-handicapped child, you can describe to them the staffing arrangements your program has made to enable all children to have enough teacher time. If they are worried that their child might be hurt by a child with a learning disability, you can point out that there is no more danger of injury from a learning disabled child than from any other child.

In general, be calm, reassuring, and objective, and describe the very real benefits to their child of mainstreaming handicapped children in the classroom.

Chapter 6:

Where to Find Help in Your Area

A variety of available resources can help you work out a comprehensive program for each child.

6

98 *Head Start is a comprehensive child development program for all eligible children — handicapped and non-handicapped. It includes mainstreaming experiences in the classroom; medical, dental, mental health, and nutrition services; parent involvement; and social services. To strengthen services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies who serve these children. This cooperation is essential.*

Provision of services to handicapped children is not a solo effort. As you have already found out (or soon will), it requires the involvement and cooperation of many people with different kinds of skills and knowledge. You are the primary planner of the child's daily educational program and the person who is central in carrying it out. But it will help you and the child if you can work with these specialists in your Head Start program and with other specialists in your community. You and the specialists can achieve more working as a team than as individuals. This chapter discusses how to find out about local or regional resources, what they provide, how you can make the most of what's available, and the kinds of specialists you may meet as you work with handicapped children.

Finding Out About Resources

To find out about resources, start by asking questions. Ask other teachers, your center director, other program staff, and then ask people they suggest. You need some basic information about the kinds of support personnel available in your program. For example:

- Is there a **handicap coordinator**, a **mental health professional**, or a **health coordinator** who is familiar with learning disabilities and with learning disabled children, and who can suggest materials, methods, and additional resources?
- Is there an **educational coordinator**, a **director of educational services**, or another **classroom teacher** who can help you to make any changes in your program as needed by a learning disabled child?
- Does the program have a **social worker**, a **social services director**, or a **parent-involvement staff member** who can help arrange contacts with the child's family and with resources outside the program?
- Does your program have **consultants**, whether from the public schools, nearby colleges or universities, community health or social services agencies, a state department of education, the State Developmental Disabilities Council, or local chapters of national associations serving learning disabled children? (For more information on national associations, see the section in Chapter 7 on professional and parent associations.)

Head Start Program Resources

Certain components — social services, health services, educational services, handicap services, and parent-involvement — are found in Head Start programs. Programs vary greatly, however, in the number of staff members providing these services.

In a given program, one person may be both the social services director and the parent-involvement coordinator. In another program, several people may work in each component. These staff members may work part-time or full-time. They may be a part of your program or outside consultants to your program. Their job titles may vary. It often happens that people with the same title do different jobs, or that people with different titles do the same job. A job title only gives you a small clue. You will need to find out *who* does *what*, *when*, and *where*, and *how you can get things going*.

Social Services

Social services staff (whether a full-time director, a part-time social caseworker, or a community aide) usually coordinate contacts among a child's family, the Head Start program, and outside community resources. This person (or people) can help you put together a team of specialists to work with you and a learning disabled child in your class. When needed, the teacher and the social services person work together to arrange referrals for children and families who need diagnosis and treatment or family counseling. Social services oversee the follow-up, too, making sure appointments are made and coordinating services if several agencies are involved. It is important that you get information from the social services person about the kinds of services a child is receiving.

The social services component is an extremely valuable resource to you in your efforts to provide handicapped children with a good education in a mainstream setting.

Health Services

The health services component of the Head Start program must include medical, dental, mental health, and nutritional services. The specialists who carry out these services may work on a full-time, part-time, or consultant basis. The person responsible for coordinating all these health services can draw upon a number of services outside of the program for diagnosis and treatment. This means they can help you get health information or the services of specialists for a child. For example, a mental health professional such as a psychologist can diagnose developmental problems. An ophthalmologist or optometrist (eye specialists) may be called upon to examine a child with vision problems, or an audiologist (hearing specialist) may be recruited to assess a child's hearing. Other specialists such as a neurologist (nervous system specialist), an occupational therapist (fine motor activities specialist), a physical therapist (movement specialist), or an otolaryngologist (ear, nose, and throat specialist) may be consulted when necessary.

You will want to know which person in your program is responsible for contacting and coordinating health service agencies, and what your program's relationship is with the agencies. What kinds of assistance can you expect from them? What conference arrangements are being made among team members? While some agencies are more accessible than others, all Head Start programs (no matter how large or small) have or can arrange for access to these resources, either within the program or through outside referrals.

Be sure that the parents are completely informed of any plan for services for their child, and that they give their consent.

100 Educational Services

This component comprises all aspects of the educational program. All Head Start programs should use the resources of local institutions of higher learning (junior colleges, colleges, universities, and University Affiliated Facilities) that are available to them.

In many programs, the people who are responsible for educational services can provide guidance and advice to teachers in the classroom. This advice would include helping you to observe a child systematically, to assess a child's skills, and to develop and carry out an individualized education plan for a learning disabled child. Your program's educational director should be able to help you tailor classroom activities to meet each child's needs.

Exchanging information about a child can help to increase the parent's and teacher's understanding of the child's needs.

Parent Involvement

Parent involvement, a cornerstone of Head Start, encourages family participation in all aspects of the program. It is Project Head Start's position that the gains made by a child in Head Start must be understood and built upon by the child's family and by the community. To achieve parent involvement in a child's Head Start experiences, each program works toward increasing parents' understanding of their child's needs and how to satisfy them. Project Head Start is based on the premise that successful parent involvement requires parents to participate in making decisions about the program and about what kinds of activities are most helpful and important for their child.

In some Head Start programs, the parent involvement component may be combined with social services. In others, it is a separate service. Regardless of its place in the organization of your program, the people in this component are responsible for the coordination of all activities that involve the child's family.

As you know, the parent involvement component is especially important for families of handicapped children. Since they have lived with the child you are trying to help, they know a great deal about their child's needs and strengths. The more the home and Head Start can exchange information and work together, the better the child will do in your class.

Handicap Services

A handicap coordinator is responsible for supervising the mainstreaming of all handicapped children in the program. This person is usually familiar with special education methods and materials, and should be able to teach you how to use them in your classroom if you need help.

Many Head Start programs have a close working relationship with the local school system. The local school system may pay for specialists to work with handicapped children. Under 1975 federal legislation, Education for All Handicapped Children Act (Public Law 94-142), local school districts must provide a free public education to all handicapped children from 3 to 21 years of age. Some states have their own special education laws, which require services for children from infancy to age five as well. You will want to learn as much as you can about these laws in your own state so that you can take advantage of the services. Your local public school director of special education is a good resource for such information.

One aspect of the Education for All Handicapped Children Act that concerns Head Start teachers and parents is its outreach component. Under the law, public school systems are required to demonstrate a practical method for identifying unserved and underserved handicapped children, so that they can receive the special services they need. Depending on the state, the method may be called Child Find, Child Search, or Child Identification. The method itself also varies from state to state. In some, it consists of an advertising campaign to let parents, teachers, and others know whom they should contact if they suspect a child has a handicap that has not been recognized. In other states, there is a formal program of screening and diagnosis in addition to a public awareness campaign. To take advantage of this service, which is your right under the law, call the director of special education in your local school system, the superintendent of schools in your town, or the special education division of your state's Department of Education.

Since the Head Start program in many states enrolls children for whom the public school system is also responsible, this means that there may be many services that the school district will be able to provide for these children in your classroom, such as free diagnoses and specialists' services. The handicap coordinator or someone else in your program should be in close contact with the public schools in your community, and should know all of the resources available and how to link up with them.

Who Knows About Resources and Services?

The staff person in your program who is responsible for handicap services may be the best person to contact to find out about resources and services. In your community, however, there are other people who know what agencies or people provide the services you need for a child with special needs.

The special education supervisor in your public school system is one person to contact for information about local resources. It is also a good idea to contact this person to alert the school system to the special needs of a child. After all, the child will probably be starting public school, after leaving Head Start.

Your local hospital may have a department called a child development unit, which deals with all sorts of developmental problems in children. Sometimes the hospitals have specialty clinics for children with particular health and developmental or learning problems, such as learning disabilities. The services the hospital can offer will vary, depending on the staff and funds they have. If necessary, the hospital can suggest other resources for you to contact.

102 Some states have a University Affiliated Facility, which provides direct services to handicapped children and their families. The address for this resource is given in Chapter 7, page 111.

The Resource Access Project (RAP) in your region should be contacted. RAPs are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They identify all possible sources of training and technical assistance and enlist their support in helping Head Start programs find and serve handicapped children. The addresses of the RAPs are given in Chapter 7, pages 114-115.

Often, parents of school-age learning disabled children are very knowledgeable about the resources that can be tapped. Find out if your community has an organization for parents of learning disabled children. You could also write to the Association for Children with Learning Disabilities (address given on page 110), because local parent groups are often affiliated with this organization.

How to Make the Most of Available Resources

You can make the most of available resources by taking the following steps:

1. Be Precise

Be precise about the help you need. For people to be helpful, they have to understand exactly what you need. You may want to discuss your problem first with other Head Start teachers and specialists, so that you end up with a clear idea of what you need to know.

2. Develop Objectives

With your team of specialists, develop objectives about what each of you wants to achieve in working with a particular handicapped child. That is, know what you're aiming for so you can plan activities to meet that aim, and so you will know when you have reached it.

3. Agree on Responsibilities

Work out together with the specialists what you expect from them and what they expect from you. People sometimes start out with different expectations — such as who's responsible for carrying out a particular activity, or who's responsible for checking on whether the plan has worked. Responsibilities need to be spelled out so that an agreement can be reached.

4. Make Sure You Understand

Advice and explanations that don't tell you specifically what you can do for a child in your classroom leave you as stranded as you were before. If you don't understand, *ask*. Some specialists are used to saying things in complicated ways, and they may need to be reminded to say them in plain English. Remember: advice won't do you any good if you can't use it. And if you don't understand it, you can't use it.

5. Keep in Touch

Feedback on both sides is very important. You need to know what the specialists are doing for the child and how the child is progressing. The specialists need to know what the child is doing in your classroom and how the child is progressing. And everyone — the parents, the specialists, and you — needs to know what everyone else is doing, so that the services can be coordinated. Otherwise, two specialists could be providing the same services for a child, or even worse, no one could be providing them.

Feedback won't happen by itself. Plan a schedule of contacts — such as meetings and phone calls — and hold yourself and the specialists responsible for sticking to it.

6. Consider Parents Specialists

Work with parents in the same way that you work with specialists. Parents are specialists on their own child's needs, strengths, problems, likes, and dislikes. Furthermore, like working with specialists, working with parents involves agreed-upon objectives, knowing what each of you is doing, knowing how the child is progressing, and regular contact.

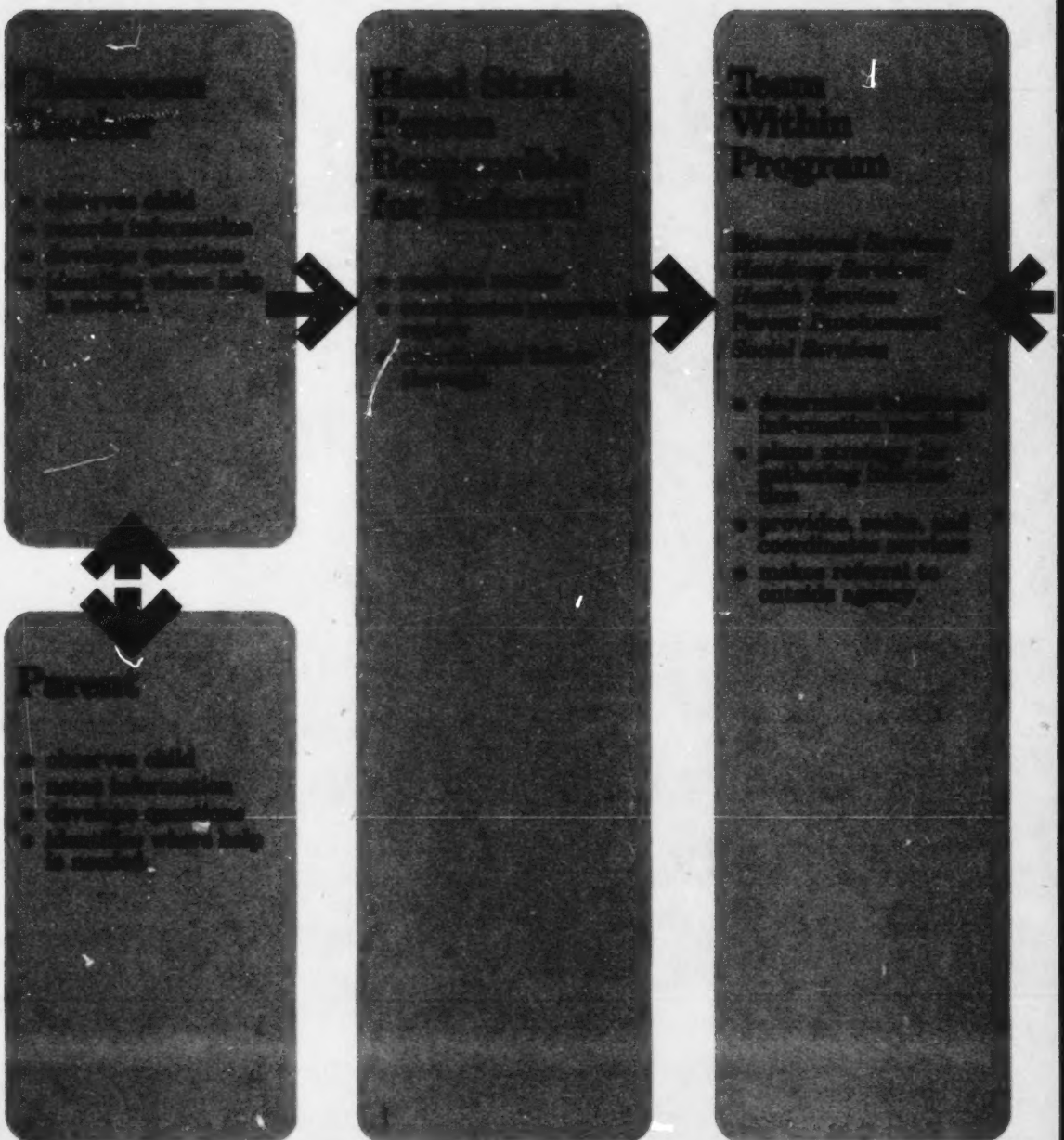
7. Expect a Lot

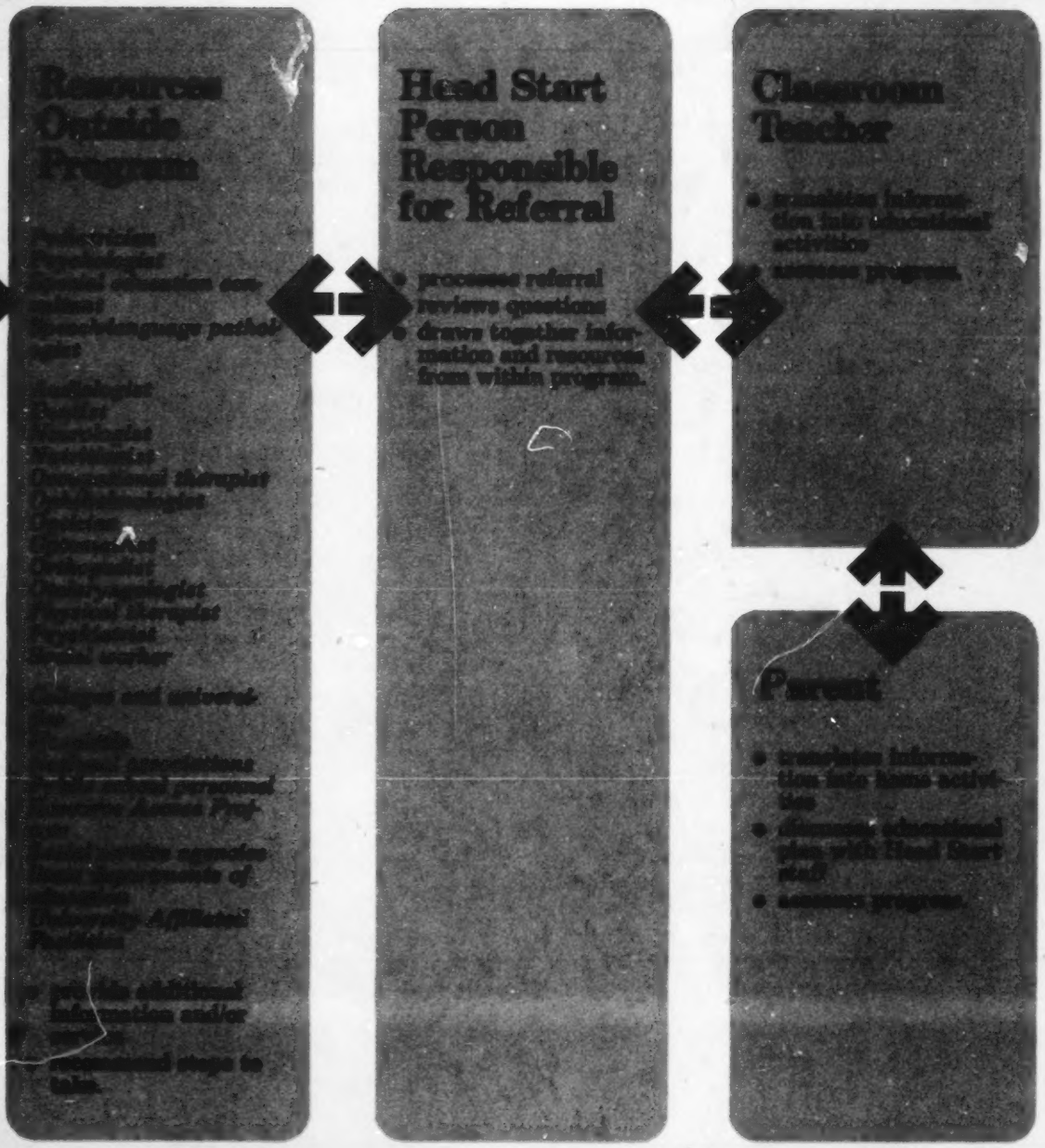
You will be working with a child who has problems that may be unfamiliar to you, and for which there are no easy solutions. This means you need to expect a lot, both from yourself and from others hired to help a child with special needs.

If you are going to get the most from resource persons both inside and outside your program, you need to be doing a great deal yourself. You need to identify what the child can currently do and what he or she is developmentally prepared to learn. At the same time, you will have to maintain a program that is good for all the children in the classroom.

Expect a lot from the people your program has hired on a full-time, part-time, or consultant basis. Don't be impressed by their titles, backgrounds, or anything else except *how helpful they really are to you, the child, and the child's family.*

Using Local Resources for Mainstreaming Handicapped Children




Resources Outside Program
Head Start Person Responsible for Referral
• processes referral
• reviews questions
• draws together information and resources from within program.
Classroom Teacher
• translates information into educational activities
• assesses progress
Parent
• translates information into home activities
• discusses educational plan with Head Start staff
• assesses progress

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Who Are the Specialists? What Do They Do?

The specialists you work with should be part of an interdisciplinary team that includes yourself and the child's parents. This section describes the specialists learning disabled children are most likely to need help from, and the kinds of help they can provide. Other specialists who work with handicapped children are described in the section beginning on page 108.

Pediatrician

A pediatrician is a medical doctor who specializes in childhood development, problems, and diseases, and in the health care of children.

What Is Done

The pediatrician will first interview the parents to take a careful medical and developmental history. Then he or she will conduct a complete physical examination. The pediatrician routinely observes the child undress and dress as part of this examination, in order to check the child's fine motor skills (buttoning, zipping, and so on). Nutritional problems may be identified. If the pediatrician suspects specific problems, he or she will suggest that a comprehensive examination be done by an appropriate specialist.

Psychologist

A psychologist conducts screening, diagnosis, and treatment of people with social, emotional, psychological, behavioral, or developmental problems. There are many different kinds of psychologists. A child with a learning disability would probably be seen by a school psychologist or a child psychologist.

What Is Done

Psychologists may ask children questions, observe them at play, ask the parents questions, and observe the children interacting with the parents. They may choose to administer standardized tests to assess children's cognitive abilities and adaptive behavior (ability to use language, to play with others, and to do things independently). Psychologists sometimes use play activities to understand and treat children. At times these specialists may want to talk with the whole family to help with problems they might have concerning a particular child. Psychologists can also help to decide what kinds of educational programs and activities would be best for improving children's cognitive abilities and adaptive behavior.

Special Education Teacher for Learning Disabled Children

A specially trained teacher of learning disabled children is usually employed by local, intermediate, county or state departments of education. They are known as itinerant or resource teachers, or special education teachers. In most states they are responsible for planning and implementing long-range plans for learning disabled children.

What Is Done

Special education teachers are prepared to help in planning individualized programs for learning disabled children, including placement. They instruct a child as needed to meet the learning objectives, and are available to consult with Head Start staff, parents, and others. They also speak at in-service education meetings; provide informative printed and audio-visual materials requested by staff, parents, and others; and may coordinate other needed services.

Speech-Language Pathologist

A speech-language pathologist conducts screening, diagnosis, and treatment of children and adults with communication disorders. This person may also be called a speech clinician or speech therapist.

What Is Done

The speech-language pathologist talks with the child's parents and teachers to obtain a full case history of the child and an idea of the child's speech and language at home and in school. The pathologist then spends time talking with the child. Usually this is done in the context of a play situation. After this type of informal observation, the speech-language pathologist gives the child a battery of tests to assess the child's ability to understand and produce speech. As part of a screening or evaluation, the child may be asked to draw pictures, say words, manipulate and name objects, describe pictures, repeat sentences, answer questions, or tell a story.

Depending upon what is found out from tests, observation, and parent and teacher interviews, the speech-language pathologist may design and carry out a therapy program for the child. When the speech-language pathologist feels that there may be other problems contributing to the speech or language disorder, he or she may recommend that the child see an audiologist, psychologist, otolaryngologist, or other professional for further examination and recommendations.

The speech-language pathologist can provide a teacher with specific instructional suggestions for a particular child. The pathologist can also give the teacher

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ideas for developmentally appropriate objectives for the child. Finally, the speech-language pathologist may work with the parents of a child with a speech or language impairment.

Other Specialists

Below is a list of other specialists who may work with handicapped and non-handicapped preschoolers.

An **Audiologist** conducts screening and diagnosis of hearing problems and may recommend a hearing aid or suggest training approaches for people with hearing handicaps.

A **Dentist** conducts screening, diagnosis, and treatment of the teeth and gums.

A **Neurologist** is a medical doctor who conducts screening, diagnosis, and treatment of brain and central nervous system disorders.

A **Nutritionist** evaluates a person's food habits and nutritional status. This specialist can provide advice about normal and therapeutic nutrition, and information about special feeding equipment and techniques to increase a person's self-feeding skills.

An **Occupational Therapist** evaluates and treats children who may have difficulty performing self-help, play, or preschool-related activities. The aim is to promote self-sufficiency and independence in these areas.

An **Ophthalmologist** is a medical doctor who conducts screening, diagnosis, and treatment of diseases, injuries, or birth defects that limit vision.

An **Optician** assembles corrective lenses and frames. He or she will advise in the selection of frames and fit the lenses prescribed by the optometrist or ophthalmologist to the frames. An optician also fits contact lenses.

An **Optometrist** examines the eyes and related structures to determine the presence of visual problems and/or eye diseases, and to evaluate a child's visual development.

An **Orthopedist** is a medical doctor who conducts screening, diagnosis, and treatment of diseases and injuries to muscles, joints, and bones.

An **Otolaryngologist** is a medical doctor who conducts screening, diagnosis, and treatment of ear, nose, and throat disorders. This specialist may also be known as an E.N.T. (ear, nose, and throat doctor).

A **Physical Therapist** evaluates and plans physical therapy programs. He or she directs activities for promoting self-sufficiency primarily related to gross motor skills such as walking, sitting, and shifting position. He or she also helps people with special equipment used for moving, such as wheelchairs, braces, and crutches.

A **Psychiatrist** is a medical doctor who conducts screening, diagnosis, and treatment of psychological, emotional, behavioral, and developmental or organic problems. Psychiatrists can prescribe medication. They generally do not administer tests. There are different kinds of psychiatrists.

A **Social Worker** provides services for individuals and families experiencing a variety of emotional or social problems. This may include direct counseling of an individual, family, or group; advocacy; and consultation with preschool programs, schools, clinics, or other social agencies.

Chapter 7:

Other Sources of Help

There are many organizations and publications you can draw on to assist you in mainstreaming children with learning disabilities.

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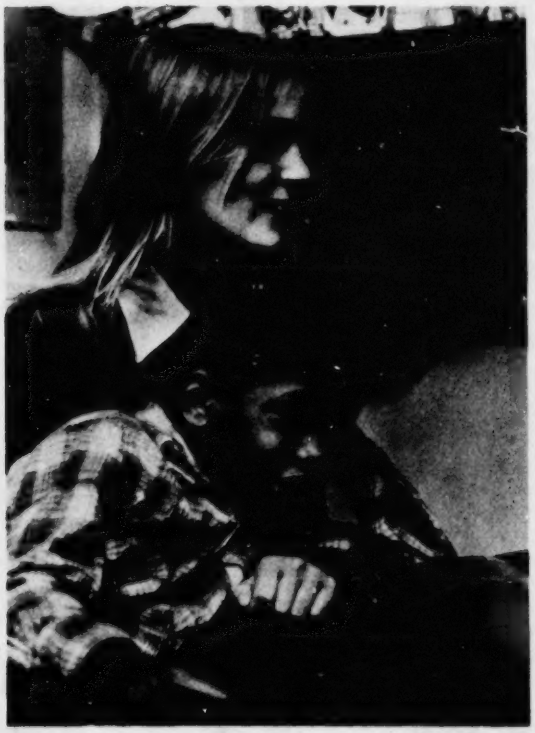
110 *In addition to the specialists in your program, community, or region, there are other sources of help you can draw on to assist you with children who are learning disabled. Around the country are a number of associations and organizations concerned with learning disabilities. They can send you helpful information about the handicap and about how you can work with learning disabled children in the classroom. There are also many good books and articles that you may find useful. These are listed in the bibliography at the end of this chapter.*



Professional and Parent Associations, and Other Organizations

For the associations and organizations in this section, we have listed their national addresses, whether they have local branches, what they do, and how they can help you.

The association that parents and teachers working with learning disabled children are most likely to turn to is:

Association for Children with Learning Disabilities

Comprised of interested professionals and parents of children with learning disabilities, the ACLD provides direct as well as indirect services to parents and children. Nationally, the organization maintains a resource center and concentrates on information dissemination, including bi-monthly publication of the **ACLD News Brief**. Local chapters offer more direct services such as camps, recreational programs, parent education programs, and general informational services.

For more information on available programs, or for literature requests from their resource center, write to:

Association for Children with Learning Disabilities
4156 Library Road
Pittsburgh, Pa. 15234

Other associations that may also be very helpful include:

American Association of University Affiliated Programs

This organization is most interested in providing diagnostic services to individuals with developmental disabilities (which include learning disabilities) and in providing interdisciplinary training for people who work with handicapped persons. University Affiliated Facilities provide services in areas such as early childhood and special education, pediatrics, child development, child psychology, social work, child neurology, speech pathology, physical and occupational therapy, nutrition, and nursing. Nearly 50 UAFs have been established throughout the country. The association has an official working relationship with Head Start. By writing to the address below you can find out if there is a program near you that can provide diagnostic, treatment, training, and consultation services. For more information write to:

American Association of University Affiliated Programs
Suite 406
2033 M Street
Washington, D. C. 20036

American Speech and Hearing Association

This is a professional association for speech-language pathologists and audiologists. The Association disseminates information on speech, language, and hearing disorders through books and pamphlets for the general public as well as professional reports, monographs, and four journals: **ASHA** (monthly), **Journal of Speech and Hearing Disorders** (quarterly), **Journal of Speech and Hearing Research** (quarterly), and **Language, Speech, and Hearing Services in the Schools** (quarterly). Information is also disseminated to the lay public and the professions through ASHA-sponsored workshops, seminars, and conferences.

The ASHA is the only national certification/accreditation body for individuals providing speech, language, and hearing services, and for clinical service facilities and education and training programs in these areas. The ASHA maintains directories of certified speech-language pathologists and audiologists, accredited service agencies for those with speech, language, and hearing handicaps, and accredited education and training programs for the professional preparation of speech-language pathologists and audiologists. This organization has a National Office and is associated with speech and hearing associations on the state level. For more information, write to:

American Speech and Hearing Association
10801 Rockville Pike
Rockville, Md. 20852

Closer Look

Funded through the Bureau of Education for the Handicapped, U.S. Office of Education, this special project attempts to provide bridges between parents and services for handicapped children, and to help parents become advocates for comprehensive services for their own handicapped child as well as for others. Closer Look publishes a newsletter about handicaps and new programs, as well as information of special interest to parents. The staff will also respond to questions that you may have. The newsletters and information are free. By writing to them you can be added to their mailing list. Contact:

Closer Look
Box 1492
Washington, D.C. 20013

112 **Council for Exceptional Children: Division for Children with Learning Disabilities**

CEC's division for children with learning disabilities is concerned with teaching children who are learning disabled, and with training special education teachers to be more effective. CEC and this division publish low-cost materials of interest to professionals and parents.

CEC has local chapters in each state. For information, write to:

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Council for Exceptional Children Information Center

The information center provides abstracts of current research and bibliographies of information currently available in publications and non-print media. It also provides annotated listings of agencies that serve exceptional children and their families. Contact:

Council for Exceptional Children
Information Center
1920 Association Drive
Reston, Virginia 22091

Instructional Materials Centers

These centers have media and materials suitable for use with learning disabled children. Often the director or staff of the center can demonstrate materials, suggest especially good materials, and consult with you about your needs.

To find out about a center, contact the Resource Access Project in your region, directors of special education in your state Department of Education, or colleges and universities' special education departments.

National Center for Law and the Handicapped, Inc.

This organization was established to ensure equal protection under the law for handicapped people. It participates in selected court cases by consulting with the lawyers of handicapped people whose rights may have been violated. Sometimes NCLH provides a lawyer for a handicapped person. The staff can answer questions and provide information about legal issues affecting children who are learning disabled. For more information write to:

National Center for Law and the Handicapped, Inc.
1235 North Eddy Street
South Bend, Indiana 46617

National Easter Seal Society for Crippled Children and Adults

The Society is a major provider of rehabilitation services to disabled persons of all ages with orthopedic, neurological, or neuromuscular disabilities; sensory, communication, and learning disorders; or psychological and social dysfunction. Others served are parents and families of disabled persons and lay and professional persons seeking information.

The Society conducts programs of evaluation, treatment, education, vocational training, and advocacy. Support services such as equipment loan and transportation are also provided. Nearly 2,000 programs and facilities are organized on a state and/or local basis. The Chicago headquarters serves as a national spokesman about the Society, as an advocate of the disabled, and in support and leadership of the programs of its affiliate Societies. As an advocate, response is given to requests for information, and testimony is prepared on issues vital to the disabled.

The National Society building in Chicago houses a library collection of books, periodicals, and pamphlets on rehabilitation. The Society's Information Center produces and/or disseminates several publications, including a professional journal entitled **Rehabilitation Literature**. A publications catalog is available. For more information write:

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612

Orton Society

This group brings together men and women from the disciplines of medicine, education, psychology, language pathology, and others for exchange of information and views on the subject of children with specific language learning disabilities. They publish a monthly bulletin, and can suggest to teachers other resources across the country. For more information write to:

Orton Society
8415 Bellona Lane
Towson, Maryland 21204

Resource Access Projects

Resource Access Projects (RAPs) are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They function as brokers, facilitating the delivery of training and technical assistance to meet local Head Start program needs in the area of services to handicapped children. While the RAPs will assist local grantees in determining and meeting their needs in the area of handicapped services, the cost of any required training or technical assistance must be borne by the grantee and/or the resource provider.

RAPs have been established to identify all possible sources of training and technical assistance, and to enlist their support in helping Head Start find and serve handicapped children. These include public health departments, community mental health centers, speech and hearing clinics, developmental disabilities councils, universities and colleges, professional associations, and private providers of training, technical assistance, materials and equipment.

The addresses for the RAPs follow.

DHEW Region	States Served	Resource Access Project (RAP)
1	Maine New Hampshire Vermont Connecticut Massachusetts Rhode Island	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
2	New York New Jersey Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Sq. Village, Apt. 1M New York, New York 10012
3	Pennsylvania West Virginia Virginia Delaware Maryland District of Columbia	PUSH/RAP Mineral Street Annex Keyser, West Virginia 26726
4	North Carolina South Carolina Georgia Florida Mississippi	Chapel Hill Training Outreach Project Lincoln School Merritt Mill Road Chapel Hill, North Carolina 27514
	Kentucky Tennessee Alabama	The Urban Observatory 1101 17th Avenue, South Nashville, Tennessee 37212
5	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool 403 East Healey Champaign, Illinois 61820
	Minnesota Wisconsin Michigan	Portage Project Resource Access Project 412 East Slifer Street P.O. Box 564 Portage, Wisconsin 53901

DHEW Region	States Served	Resource Access Project (RAP)
6	Texas Louisiana Oklahoma Arkansas New Mexico	Contract not awarded at time of printing.
7	Missouri Kansas Iowa Nebraska	University of Kansas City Medical Center Children's Rehabilitation Unit 39th & Rainbow Boulevard Kansas City, Kansas 66103
8	Colorado North Dakota South Dakota Montana Utah Wyoming	Mile High Consortium Hampden East I-Room 215 8000 East Girard Avenue Denver, Colorado 80231
9	California Arizona Hawaii Nevada Pacific Trust Territories	Los Angeles Unified School District Special Education Division 450 North Grand Avenue Los Angeles, California 90012
10	Washington Oregon Idaho	University of Washington Model Preschool Center for Handicapped Children Experimental Education Unit WJ-10 Seattle, Washington 98195
	Alaska	Easter Seal Society for Alaska Crippled Children and Adults 726 E. Street Anchorage, Alaska 99501

Bibliography

Many books have been published on children with learning disabilities. It is not possible to list all of them here. The ones mentioned are some of those that are especially good for understanding learning disabilities and for helping you work with learning disabled children in your classroom.

Books About Learning Disabilities

Bruttor, M.; Richardson, S.; and Mangel, C. Something's Wrong with My Child. New York: Harcourt Brace Jovanovich, 1973.

This is a practical and helpful book for parents of learning disabled children and for other persons concerned with learning disabilities. The detailed descriptions of the symptoms of learning disabilities can help parents and teachers recognize early a possible learning disability in a child, and take steps to remedy the problem during the child's early years. Also included are many examples of ways to handle specific situations.

deHirsch, K.; Jansky, J.J.; and Langford, W.S. Predicting Reading Failure. New York: Harper and Row, 1966.

The result of 20 years of clinical research, this book describes a method of identifying at preschool age those children who, despite normal intelligence, are liable to run into academic difficulties later on. The book offers a specific diagnostic instrument called a Predictive Index for this purpose.

Haring, N.G., and Bateman, B. Teaching the Learning Disabled Child. Englewood Cliffs, N.J.: Prentice-Hall, 1977.

This book reviews three effective instructional methods for teaching children with learning disabilities. Particular emphasis is placed on precision teaching and direct instruction using Distar materials. Included are a description of currently available instructional materials that the authors consider most effective, and a history and review of the professionals who have made significant contributions in this area.

Jordon, J.B.; Hayden, A.H.; Karnes, M.B.; and Wood, M.M. Early Childhood Education for Exceptional Children: A Handbook of Ideas and Exemplary Practices (1977). Available from the Council for Exceptional Children, 1920 Association Drive, Reston, Va. 22091.

This book uses real programs to illustrate delivery systems, assessment procedures, record keeping, curriculum, parent involvement, staffing patterns, and program evaluation.

McCarthy, J.J., and McCarthy, J.F. **Learning Disabilities.** New York: Allyn and Bacon, 1969.

This short, easy-to-read book avoids advocating a single point of view. It attempts instead to report accurately the range of views held by professionals in the field on questions like the following: What is learning disability? What causes learning disability? What are the distinguishing characteristics of children with learning disabilities? What can be done educationally to remedy the effects of learning disabilities?

McDonald, Eugene T. **Understand Those Feelings.** Pittsburgh, Pa.: Stanwix House, 1962.

A description of the feelings of parents of handicapped children. Useful for professionals who work with exceptional children.

Orem, R. C. **Montessori and the Special Child.** New York: G.P. Putnam's Sons, 1969.

This book describes why and how the Montessori method has been successful in educating children with special needs. It contains practical discussion and good examples on the application of Montessori principles to the education of children who are deaf, blind, mentally retarded, or learning disabled.

Rieke, J.; Lynch, L.; and Soltman, S. **Teaching Strategies for Language Development.** New York: Grune and Stratton, 1977.

This is an easy-to-follow book that can help teachers work effectively with specialists in communication disorders to meet the language development needs of handicapped and non-handicapped children.

118 Rosner, Jerome. **Helping Children Overcome Learning Difficulties.** New York: Walker and Co., 1975.

This guide discusses how parents, teachers, and specialists can join together to help a learning disabled child. Many specific suggestions are given for teaching and assessing such children, and for preventing failure.

Safford, Philip L. **Teaching Young Children with Special Needs.** St. Louis: C.V. Mosby Co., 1978.

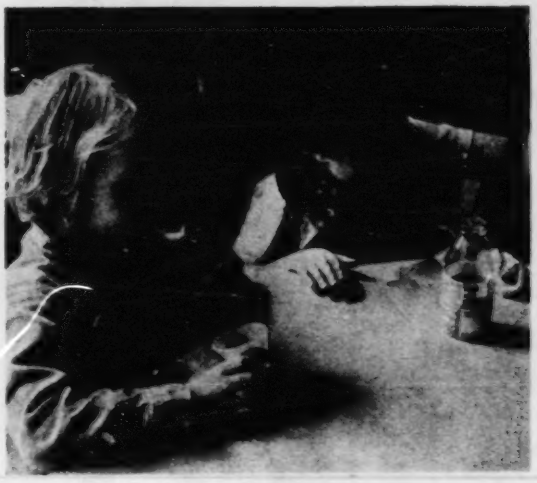
The philosophy that all children are special provides a solid background for the philosophy of early intervention and individual differences, which is presented in this volume. The focus on children (up to eight years of age) with "special needs" enriches the sections devoted to such specific handicaps as speech and language disorders, hearing impairment, and visual handicaps. A separate section addresses mild and moderate educational handicaps, including mental retardation, specific learning disabilities, and emotional and behavioral disorders. Additional sections are devoted to physical disabilities, severe or multiple impairments, and the gifted and the talented. The section on dimensions of the least restrictive alternative is especially helpful to those involved in individualized educational planning for preschool children.

Smith, Robert K. **A Handbook for Task Analysis** rev. ed. (1976). Available from: Educational Associates, Inc., P.O. Box 291, Iron Mountain, Mich. 49801.

Written primarily for teachers and parents, this book can be helpful in working with learning disabled children. Included are chapters on symptoms, theory, evaluation, remediation, and performance objectives.

Wunderlich, Ray C. **Kids, Brains, and Learning** (1970). Available from Johnny Reads, Inc., St. Petersburg, Fla.

This book describes how children become poor scholars. More importantly, it shows how we affect children by what we do or don't do for and with them.



Guides to Teaching and Classroom Activities

Brown, Sara L., and Donovan, Carol M. **Developmental Programming for Infants and Young Children: Volume 3, Stimulation Activities.** Ann Arbor, Mich.: University of Michigan Press, 1977.

This clearly written book of activities suggests what parents and teachers can do to foster development in children who are functioning at a level below three years of age. Each activity includes necessary modifications for children with additional handicaps.

D'Audney, Weslee, and Dollis, Dorothy. **Calendar of Developmental Activities for Preschoolers** (1975). Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Neb. 68105.

This is a resource book on preschool activities, arranged in calendar format. The simpler activities are presented in the fall months and the more complex ones are presented in the spring months, allowing you to choose activities appropriate to a child's developmental level. Also given are the skill areas involved in each activity.

D'Audney, Weslee, ed. **Giving a Head Start to Parents of the Handicapped** (1976). Available from: Meyer Children's Rehabilitation Institute, University of Nebraska Medical Center, Omaha, Neb. 68105.

This manual is designed primarily to help Head Start teachers provide support and encouragement to parents of children with handicaps. It discusses subjects such as the value of mainstreaming, legal rights of the handicapped and their families, and the dangers of labeling. It also provides specific suggestions for working with parents of special needs children, including those with learning disabilities.

Exceptional Parent Magazine. Psy-Ed. Corporation, 20 Providence Street, Room 708, Statler Office Building, Boston, Mass. 02116

Addressed to the parents and teachers of handicapped youngsters and adults, this magazine has many articles of interest, including "how to," "what to do," and "where to get help." For a subscription, write to **Exceptional Parent**, P.O. Box 4944, Manchester, N.H. 03108.

120 Findlay, Jane, et al. **A Planning Guide: The Preschool Curriculum — The Child, The Process, The Day.** Chapel Hill, N.C.: Chapel Hill Training Project, n.d.

This book elaborates on curriculum information found in the **Learning Accomplishment Profile** (LAP), developed by Anne Sanford, and presents 44 preschool curriculum units intended for developmentally delayed or impaired children. It has a section on curriculum (who determines it, what it is, and what goes into it), a section on methods and principles (preparing instructional objectives, task analysis, error-free learning, and positive reinforcement), the 44 curriculum units with objectives and skill sequences, and bibliographies. It is helpful, although not necessary, to use the Planning Guide together with the LAP.

Hogden, Laurel, et al. **School Before Six: A Diagnostic Approach** (1974). Available from Cemrel, Inc., 3120 59th Street, St. Louis, Mo. 63139.

School Before Six is printed in two volumes. Volume I includes procedures for assessing young children's learning needs and strengths through testing procedures in four developmental areas: gross, fine, and perceptual motor skills; communication skills; social-emotional skills; and conceptual skills. General teaching strategies and activities are suggested to help children develop in each of these areas. Volume II includes a wealth of activities in areas such as science, art, table games, food preparation, language, social science, and music. Volume I is extensively cross-referenced to Volume II to simplify the selection of appropriate activities for specifically diagnosed situations.

Jordan, June, ed. **Not All Little Wagons Are Red: The Exceptional Child's Early Years** (1973). Available from the Council for Exceptional Children, 1920 Association Drive, Reston, Va. 22091.

This book discusses the importance of beginning early to develop programs for children with handicaps. Attention is given to helping children achieve a positive self-concept, good learning motivation, social skills, emotional stability, and physical well-being. Two sections are particularly helpful: the development of children who need special help, and program models and resource materials. The book includes many fine illustrations, and describes a variety of alternative ways to meet children's needs.

The Portage Guide to Early Education rev. ed. (1976). Available from the Cooperative Educational Service Agency No. 12, Portage, Wis. 53901.

This guide includes three parts: a checklist of skills for determining an individual child's progress, a card file listing activities that can be used to teach these skills, and a manual of the activities. The areas covered in the program are: infant stimulation, socialization, language, self-help, cognitive skills, and motor skills.

Appendix

Screening and diagnosis can help you to evaluate or assess a child's functioning, and to identify any problems that might exist.

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Screening and Diagnosis

This section describes the nature and purpose of screening and diagnosis, and the use of tests in each of these processes. The overall goal of both processes is to evaluate or assess a child's functioning and to identify problem areas, if any exist.

Screening

Screening is a process that identifies children who need specific treatment (for example, eyeglasses or immunization shots) **or who need to be referred for a diagnostic evaluation.** Screening is therefore an important tool in the early identification of handicapped children.

Screening procedures such as checklists and tests are inexpensive, quick, and easily administered. They give the screener an overview of a child's performance. Teachers, aides, and others need to be trained to use a particular screening procedure correctly. For the screening services that must be provided for every child, see Project Head Start Performance Standards.

Not all children who fail a screening are found to have a problem when they are given a full diagnostic evaluation. This is because the results of screening are not exact, since screening does not assess in depth a child's functioning in a given area. Also, because screening is done in a limited amount of time, the screener may not realize if a certain child is not performing at his or her best at that particular time. For these reasons, a child who is not handicapped may fail a screening and be referred for further evaluation.

On the other hand, some children who pass a screening may, in fact, have a problem that wasn't detected in the screening. If you have a child in your class who has passed the standard screening and you still feel there may be something wrong, do not hesitate to ask an appropriate professional to look at the child more closely.

Diagnosis

Diagnosis is a process of gathering information from a variety of sources in order to get a comprehensive picture of a child's functioning and to identify problem areas. The diagnostic process assesses physical and psychological functioning, and learning ability.

A variety of tools should be used in the diagnostic process: interviews (with parents and other adults who know the child well, with the child, with social agency personnel the child has been receiving services from), psychological tests, medical and other reports/tests of physical functioning, and other sources of information about the child. The tests that are used in the diagnostic process take an in-depth look at a child's skills in particular developmental areas. In Project Head Start, diagnosis is to be conducted by an interdisciplinary team of specialists (or a professional who is qualified to diagnose the specific handicap). The diagnostic process should involve:

1. A categorical diagnosis of a child, using Project Head Start diagnostic criteria, to be used solely for reporting purposes.

2. A functional assessment of a child. This functional assessment is a developmental profile that describes what the child can and cannot currently do and that identifies areas requiring special education and related services.

3. An individualized program plan based upon the functional assessment and developed jointly by the diagnostic team, the parents, and the child's teacher.

4. Ongoing assessment of the child's progress by the teacher, the child's parents, and (as needed) the diagnostic team.

The results of the diagnostic process should inform the teacher and parents as to the child's strengths and weaknesses — and hence the child's needs in terms of further learning. The results of the diagnostic process often *do not* tell the teacher or parents what they should do to help the child in the identified problem areas. Diagnosticians themselves, depending on their knowledge of classrooms and of specific teaching techniques, may be able to discuss with the teacher and parent specific ways in which they can help the child in the classroom and at home. Often the teacher or parent needs to take the initiative in order to obtain this kind of information from a diagnostician.

Testing

The selection of appropriate tests, their administration, and their interpretation is often a difficult process, requiring a great deal of expertise. Sometimes the precise test needed has simply not yet been developed, and a diagnostician must use the best of what is available and then interpret the results with great caution. Many factors can lead to inappropriate testing or inaccurate test results:

- **mistaking one handicap for another**
- **mistaking cultural differences for handicaps**
- **mistaking normal physical or mental immaturity for handicaps**
- **testing a child who is not used to test-like situations**
- **testing a child when he or she is not feeling well**
- **testing a child in a language that is not his or her home language**
- **testing a particular developmental area in a child by requiring a response that involves skills in which the child is handicapped (for example, testing cognitive functioning by requiring a verbal response from a child with an expressive language problem, or a motor response from a child with motor coordination problems).**

Even if children are given tests that are appropriate to their age, cultural background, and suspected handicaps — and that are methodologically valid and reliable — test results can be inaccurately interpreted.

To ensure that tests are appropriate to a specific purpose, and that they are administered and interpreted correctly, any screening test that a teacher wants to use should be discussed ahead of time with a trained professional who is knowledgeable about the test. Tests used for diagnostic purposes should be administered and interpreted by specialists trained in the use of the test.

In addition to interviews and histories, your own continuing observation of a child in a variety of situations in your preschool program is an invaluable tool in understanding and helping a child learn. During the preschool years, children experience a great amount of development and change in all areas. This means that ongoing assessment, balanced against overtesting, is needed to provide a more accurate picture of a child's developing skills and functioning. Ongoing assessment can help prevent mislabeling of children.

For additional information on the diagnostic process — including procedures and persons — contact the Resource Access Project in your area.

For additional information on tests, write:

Head Start Test Collection
Educational Testing Service
Princeton, New Jersey 08540

Glossary

Aphasia: *Loss or impairment of the ability to use words and to understand language symbols in reading, writing, or speaking. Usually results from brain injury or disease.* ***Developmental aphasia*** *usually results from brain injury or delayed development of the central nervous system.*

Attending behavior: *The ability to pay attention to a task. Attending behavior includes alertness, stimulus selection, focusing, and vigilance.*

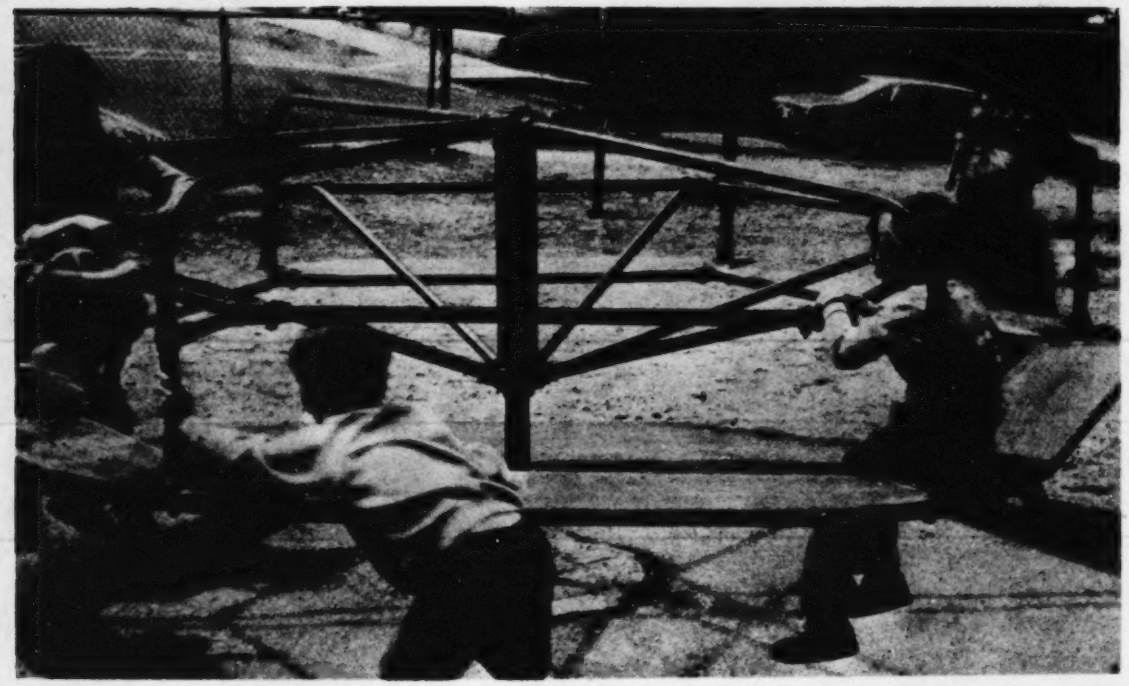
Brain injury: *Injury or damage to some part of the brain. Occurs before, during, or after birth.*

Cognitive development: *Cognition refers to the process of knowing. Cognitive development refers to the development of skills necessary for understanding and organizing the world, including such perceptual and conceptual skills as discrimination, memory, sequencing, concept formation, generalization, reasoning, and problem solving.*

Developmental aphasia: *See Aphasia.*

Dyslexia: *A term used by some physicians or reading specialists to describe specific disabilities in reading.*

Form constancy: *The ability to recognize an object or shape, regardless of what position or angle it is viewed from.*



126 ***Hard signs:*** *A term used by neurologists to indicate that a child performs in an observably different way than the average child in certain central nervous system functions. These differences may be quantitative or qualitative. They may include the presence of inappropriate responses and/or the absence of appropriate responses.*

Minimal brain dysfunction (MBD): *A medical term used to indicate a delay or disorder in the ability to perform sensory or motor functions appropriately.*

Neurological dysfunction: *The inability to perform sensory or motor functions appropriately.*

Perceptual handicap: *inability to interpret stimuli received through the senses, despite adequate vision, hearing, and other sensory processes.*

Sensory modality: *Sensory modality refers to any one of the five sensory avenues for receiving information: seeing, hearing, touching, tasting, and smelling.*

Soft signs: *A term used by neurologists to indicate that a child performs in a slightly different way than the average child in certain central nervous system functions. These differences may be qualitative or quantitative. The data relating soft signs to learning disabilities are more questionable than the data relating hard signs to learning disabilities.*

Sound-symbol association: *The ability to recognize sounds and their sources and to recognize the sounds that go with letters. Sound-symbol association is a prerequisite to reading.*

Chart of Normal Development: Infancy to Six Years of Age

The chart of normal development on the next few pages presents children's achievements from infancy to six years of age in five areas:

- **motor skills (gross and fine motor)**
- **cognitive skills**
- **self-help skills**
- **social skills**
- **communication skills (understanding language and speaking).**

In each skill area, the age at which each milestone is reached *on the average* is also presented. This information is useful if you have a child in your class who you suspect is seriously delayed in one or more skill areas.

However, it is important to remember that these milestones are only average. From the moment of birth, each child is a distinct individual, and develops in his or her unique manner. No two children have ever reached all the same developmental milestones at the exact same ages. The examples that follow show what we mean.

By nine months of age, Gi Lin had spent much of her time scooting around on her hands and tummy, making no effort to crawl. After about a week of pulling herself up on chairs and table legs, she let go and started to walk on her own. Gi Lin skipped the crawling stage entirely and scarcely said more than a few sounds until she was 15 months old. But she walked with ease and skill by 9½ months.

Marcus learned to crawl on all fours very early, and continued crawling until he was nearly 18 months old, when he started to walk. However, he said single words and used two-word phrases meaningfully before his first birthday. A talking, crawling baby is quite a sight!

Molly worried her parents by saying scarcely a word, although she managed to make her needs known with sounds and gestures. Shortly after her second birthday, Molly suddenly began talking in two- to four-word phrases and sentences. She was never again a quiet child.

All three children were healthy and normal. By the time they were three years old, there were no major differences among them in walking or talking. They had simply developed in their own ways and at their own rates. Some children seem to concentrate on one thing at a time — learning to crawl, to walk, or to talk. Other children develop across areas at a more even rate.

As you read the chart of normal development, remember that children don't read baby books. They don't know they're supposed to be able to point out Daddy when they are a year old, or copy a circle in their third year. And even if they could read the baby books, they probably wouldn't follow them! Age-related development milestones are obtained by averaging out what many children do at various ages. No child is "average" in all areas. Each child is a unique person.

One final word of caution. As children grow, their abilities are shaped by the opportunities they have for learning. For example, although many five-year-olds can repeat songs and rhymes, the child who has not heard songs and rhymes many times cannot be expected to repeat them. All areas of development and learning are influenced by children's experiences as well as by the abilities they are born with.

Chart of Normal Development

	Motor Skills: Gross Motor Skills	Fine Motor Skills	Communication Skills: Understanding of Language	Spoken Language
0-12 Months	Sits without support. Crawls. Pulls self to standing and stands unaided. Walks with aid. Rolls a ball in imitation of adult.	Reaches, grasps, puts object in mouth. Picks things up with thumb and one finger (pincer grasp). Transfers object from one hand to other hand. Drops and picks up toy.	Responds to speech by looking at speaker. Responds differently to aspects of speaker's voice (for example, friendly or unfriendly, male or female). Turns to source of sound. Responds with gesture to **hi, bye-bye,** and **up,** when these words are accompanied by appropriate gesture. Stops ongoing action when told **no** (when negative is accompanied by appropriate gesture and tone).	Makes crying and non-crying sounds. Repeats some vowel and consonant sounds (babbles) when alone or when spoken to. Interacts with others by vocalizing after adult. Communicates meaning through intonation. Attempts to imitate sounds.
12-24 Months	Walks alone. Walks backward. Picks up toys from floor without falling. Pulls toy, pushes toy. Seats self in child's chair. Walks up and down stairs (hand-held). Moves to music.	Builds tower of 3 small blocks. Puts 4 rings on stick. Places 5 pegs in pegboard. Turns pages 2 or 3 at a time. Scribbles. Turns knobs. Throws small ball. Paints with whole arm movement, shifts hands, makes strokes.	Responds correctly when asked **where** (when question is accompanied by gesture). Understands prepositions **on, in,** and **under.** Follows request to bring familiar object from another room. Understands simple phrases with key words (for example, **Open the door,** or **Get the ball**). Follows a series of 2 simple but related directions.	Says first meaningful word. Uses single word plus a gesture to ask for objects. Says successive single words to describe an event. Refers to self by name. Uses **my** or **mine** to indicate possession. Has vocabulary of about 50 words for important people, common objects, and the existence, nonexistence, and recurrence of objects and events (for example, **more** and **all gone**).

Cognitive Skills		Self-Help Skills	Social Skills
Follows moving object with eyes. Recognizes differences among people. Responds to strangers by crying or staring. Responds to and imitates facial expressions of others. Responds to very simple directions (for example, raises arms when someone says, **Come**, and turns head when asked, **Where is Daddy?**).	Imitates gestures and actions (for example, shakes head no, plays peek-a-boo, waves bye-bye). Puts small objects in and out of container with intention.	Feeds self cracker. Holds cup with two hands. Drinks with assistance. Holds out arms and legs while being dressed.	Smiles spontaneously. Responds differently to strangers than to familiar people. Pays attention to own name. Responds to **no**. Copies simple actions of others.
Imitates actions and words of adults. Responds to words or commands with appropriate action (for example: **Stop that. Get down**). Is able to match two similar objects. Looks at storybook pictures with an adult, naming or pointing to familiar objects on request (for example: **What is that? Point to the baby**).	Recognizes difference between you and me. Has very limited attention span. Accomplishes primary learning through own exploration.	Uses spoon, spilling little. Drinks from cup, one hand, unassisted. Chews food. Removes shoes, socks, pants, sweater. Unzips large zipper. Indicates toilet needs.	Recognizes self in mirror or picture. Refers to self by name. Plays by self, initiates own play. Imitates adult behaviors in play. Helps put things away.

	Motor Skills: Gross Motor Skills	Fine Motor Skills	Communication Skills: Understanding of Language	Spoken Language
24-36 Months	Runs forward well. Jumps in place, two feet together. Stands on one foot, with aid. Walks on tiptoe. Kicks ball forward.	Strings 4 large beads. Turns pages singly. Snips with scissors. Holds crayon with thumb and fingers, not fist. Uses one hand consistently in most activities. Imitates circular, vertical, horizontal strokes. Paints with some wrist action. Makes dots, lines, circular strokes. Rolls, pounds, squeezes, and pulls clay.	Points to pictures of common objects when they are named. Can identify objects when told their use. Understands question forms **what** and **where**. Understands negatives **no, not, can't,** and **don't**. Enjoys listening to simple storybooks and requests them again.	Joins vocabulary words together in two-word phrases. Gives first and last name. Asks **what** and **where** questions. Makes negative statements (for example, **Can't open it**). Shows frustration at not being understood.
36-48 Months	Runs around obstacles. Walks on a line. Balances on one foot for 5 to 10 seconds. Hops on one foot. Pushes, pulls, steers wheeled toys. Rides (that is, steers and pedals) tricycle. Uses slide without assistance. Jumps over 15 cm. (6") high object, landing on both feet together. Throws ball overhead. Catches ball bounced to him or her.	Builds tower of 9 small blocks. Drives nails and pegs. Copies circle. Imitates cross. Manipulates clay materials (for example, rolls balls, snakes, cookies).	Begins to understand sentences involving time concepts (for example, **We are going to the zoo tomorrow**). Understands size comparatives such as **big** and **bigger**. Understands relationships expressed by **if . . . then** or **because** sentences. Carries out a series of 2 to 4 related directions. Understands when told, **Let's pretend**.	Talks in sentences of three or more words, which take the form agent-action-object (**I see the ball**) or agent-action-location (**Daddy sit on chair**). Tells about past experiences. Uses "s" on nouns to indicate plurals. Uses "ed" on verbs to indicate past tense. Refers to self using pronouns **I** or **me**. Repeats at least one nursery rhyme and can sing a song. Speech is understandable to strangers, but there are still some sound errors.

Cognitive Skills		Self-Help Skills	Social Skills
Responds to simple directions (for example: Give me the ball and the block. Get your shoes and socks).	Can talk briefly about what he or she is doing.	Uses spoon, little spilling.	Plays near other children.
Selects and looks at picture books, names pictured objects, and identifies several objects within one picture.	Imitates adult actions (for example, housekeeping play).	Gets drink from fountain or faucet unassisted.	Watches other children, joins briefly in their play.
Matches and uses associated objects meaningfully (for example, given cup, saucer, and bead, puts cup and saucer together).	Has limited attention span. Learning is through exploration and adult direction (as in reading of picture stories).	Opens door by turning handle.	Defends own possessions.
Stacks rings on peg in order of size.	Is beginning to understand functional concepts of familiar objects (for example, that a spoon is used for eating) and part/whole concepts (for example, parts of the body).	Takes off coat.	Begins to play house.
Recognizes self in mirror, saying, baby, or own name.		Puts on coat with assistance.	Symbolically uses objects, self in play.
		Washes and dries hands with assistance.	Participates in simple group activity (for example, sings, claps, dances).
			Knows gender identity.
Recognizes and matches six colors.	Has short attention span.	Pours well from small pitcher.	Joins in play with other children. Begins to interact.
Intentionally stacks blocks or rings in order of size.	Learns through observing and imitating adults, and by adult instruction and explanation. Is very easily distracted.	Spreads soft butter with knife.	Shares toys. Takes turns with assistance.
Draws somewhat recognizable picture that is meaningful to child, if not to adult. Names and briefly explains picture.	Has increased understanding of concepts of the functions and groupings of objects (for example, can put doll house furniture in correct rooms), and part/whole (for example, can identify pictures of hand and foot as parts of body).	Buttons and unbuttons large buttons.	Begins dramatic play, acting out whole scenes (for example, traveling, playing house, pretending to be animals).
Asks questions for information (why and how questions requiring simple answers).		Washes hands unassisted.	
Knows own age.		Blows nose when reminded.	
Knows own last name.		Uses toilet independently.	
	Begins to be aware of past and present (for example: Yesterday we went to the park. Today we go to the library).		

	Motor Skills Gross Motor Skills	Fine Motor Skills	Understanding of Language	Spoken Language
48-60 Months	Walks backward toe-heel. Jumps forward 10 times, without falling. Walks up and down stairs alone, alternating feet. Turns somersault.	Cuts on line continuously. Copies cross. Copies square. Prints a few capital letters.	Follows three unrelated commands in proper order. Understands comparatives like pretty, prettier, and prettiest. Listens to long stories but often misinterprets the facts. Incorporates verbal directions into play activities. Understands sequencing of events when told them (for example, First we have to go to the store, then we can make the cake, and tomorrow we will eat it).	Asks when, how, and why questions. Uses modals like can, will, shall, should, and might. Joins sentences together (for example, I like chocolate chip cookies and milk). Talks about causality by using because and so. Tells the content of a story but may confuse facts.
60-72 Months	Runs lightly on toes. Walks on balance beam. Can cover 2 meters (6'6") hopping. Skips on alternate feet. Jumps rope. Skates.	Cuts out simple shapes. Copies triangle. Traces diamond. Copies first name. Prints numerals 1 to 5. Colors within lines. Has adult grasp of pencil. Has handedness well established (that is, child is left- or right-handed). Pastes and glues appropriately.	Demonstrates pre-academic skills.	There are few obvious differences between child's grammar and adult's grammar. Still needs to learn such things as subject-verb agreement, and some irregular past tense verbs. Can take appropriate turns in a conversation. Gives and receives information. Communicates well with family, friends, or strangers.

Cognitive Skills		Self-Help Skills	Social Skills
Plays with words (creates own rhyming words; says or makes up words having similar sounds). Points to and names 4 to 6 colors. Matches pictures of familiar objects (for example, shoe, sock, foot; apple, orange, banana). Draws a person with 2 to 6 recognizable parts, such as head, arms, legs. Can name and match drawn parts to own body. Draws, names, and describes recognizable picture. Rote counts to 5, imitating adults.	Knows own street and town. Has more extended attention span. Learns through observing and listening to adults as well as through exploration. Is easily distracted. Has increased understanding of concepts of function, time, part/whole relationships. Function or use of objects may be stated in addition to names of objects. Time concepts are expanding. The child can talk about yesterday or last week (a long time ago), about today, and about what will happen tomorrow.	Cuts easy foods with a knife (for example, hamburger patty, tomato slice). Laces shoes.	Plays and interacts with other children. Dramatic play is closer to reality, with attention paid to detail, time, and space. Plays dress-up. Shows interest in exploring sex differences.
Retells story from picture book with reasonable accuracy. Names some letters and numerals. Rote counts to 10. Sorts objects by single characteristics (for example, by color, shape, or size if the difference is obvious). Is beginning to use accurately time concepts of tomorrow and yesterday. Uses classroom tools (such as scissors and paints) meaningfully and purposefully.	Begins to relate clock time to daily schedule. Attention span increases noticeably. Learns through adult instruction. When interested, can ignore distractions. Concepts of function increase as well as understanding of why things happen. Time concepts are expanding into an understanding of the future in terms of major events (for example, Christmas will come after two weekends).	Dresses self completely. Ties bow. Brushes teeth unassisted. Crosses street safely.	Chooses own friend(s). Plays simple table games. Plays competitive games. Engages with other children in cooperative play involving group decisions, role assignments, fair play.

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